

RECEIVED-FPSC

11 JUN 23 AM 9:38

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Date of Delivery</p> <p><i>Julian Fasi</i> 6-21-11</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>IF YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Dial World Network, Inc. 11767 South Dixie Highway, Suite 303 Miami FL 33157-4438</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>110189-TT PSC-11-02102-PAA-TT PW</p>	<p>7009 3410 0002 4112 5788</p> <p>Domestic Return Receipt</p>

PS Form 3811, February 2004

DOCUMENT NUMBER-DATE
04322 JUN 23 =
FPSC-COMMISSION CLERK