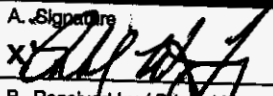


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<p>COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>COMPLETE THIS SECTION ON DELIVERY</p>	
<p>1. Article Addressed to:</p> <p>Incline Communications, Inc. 715 W. US Highway 92 Seffner FL 33584-3513</p>		<p>A. Signature </p>	<p><input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
		<p>B. Received by (Printed Name) RONALD W. JONES</p>	<p>C. Date of Delivery 7-15-11</p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>PSC-11-0299-CO-T11 110143</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7009 3410 0002 4112 5825</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	

DOCUMENT NUMBER-DATE

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