

RECEIVED-FPSC

11 AUG -2 PM 2:00

COMMISSION  
CLERK

| COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature<br/> <input checked="" type="checkbox"/> <i>Rebecca</i> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)<br/> <i>Kara Cole</i></p> <p>C. Date of Delivery<br/> <i>7-14-11</i></p>  |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">Telmex USA, L.L.C.<br/> % Visi Consulting Services, LLC<br/> 1130 University Blvd., Suite B9, #253<br/> Tuscaloosa, AL 35401-0329</p>   | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |
| <p>2. Article Number<br/> (Transfer from service label)</p> <p><i>PSC-11-0301-CD-T1 110188 Max</i></p>   | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center;">7009 3410 0002 4112 6471</p>   |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-4-1540</p>  |   |

DOCUMENT NUMBER-DATE

05424 AUG-2 =

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