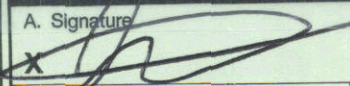


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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: National Phone & Communications Services Jenny Shivmangal 4630 South Kirkman Road, Suite 313 Orlando, FL 32811	B. Received by (Printed Name) Josh Steele	C. Date of Delivery 7/29/12
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? If YES, enter delivery address below: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
1A0130-TC PSC-12-0373-PAA-TC	3. Service Type <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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540
7010 0780 0002 2867 9311		

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