

RECEIVED-FPSC

12 AUG 20 AM 10: 01

COMMISSION  
CLERK

SENDER: 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 <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Hector Tañas 8/15/12</p>
<p>1. Article Addressed to:</p> <p>National Phone &amp; Communications Services          Jenny Shivmangal          4630 South Kirkman Road, Suite 313          Orlando, FL 32811</p> <p>DKF. 120130-TC          PSC-12-0407-CO-TC</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> <hr/> <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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7010 0780 0002 0802 4537</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE  
05698 AUG 20 02  
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