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<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>	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>X Adesta</i>	
1. Article Addressed to: Telovations Inc. Ms. Marva Brown Johnson Orlando Corporate Office 301 East Pine Street, Suite 600 Orlando, FL 32801-2755  <i>130095.TX</i> <i>PSC 13 0892 CD TX</i>	B. Received by ( <i>Printed Name</i> ) <i>Fiona Festa</i>	C. Date of Delivery <i>6/26/13</i>
2. Article Number ( <i>Transfer from service label</i> )	D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	3. Service Type <input 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.	
Domestic Return Receipt	4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
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