

SENDER: COMPLETE THIS SECTION

- 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.

Link Telecommunications, Inc.
 Suenon A. Guimaraes
 1874 Doctor Andres Way, Suite A
 Delray Beach Fl. 33445-4644

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
 X 000962 Agent
 Addressee

D. Is delivery address different from item 1? Yes
 address below: No

Express Mail
 Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0600 0026 4145 5051

102595-99-M-1789

1861

APP
 CAF
 CMP
 COM
 CTR
 ECR
 LEG
 OPC
 PAI
 RGO
 SEC
 SER
 OTH

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850



7000 0600 0026 4145 5051

Link Telecommunications, Inc
 Suenon A. Guimaraes
 1874 Doctor Andres Way, Suite
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CERTIFIED MAIL
 Return Receipt Requested

No. 7000 0600 0026 4145 5051



- Not Delivered As Addressed
- Unable To Forward
- Incorrect Address
- Uninsured, Lost No Address
- Uninsured - No Return
- No Cash Street - No Return
- Vacant Movable
- No Mail Receipts
- Box Closed - No Order
- Returned For Better Address
- Postage Due



DOCUMENT NUMBER - DATE
 13482 OCT 20 08