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COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. A. Date of Delivery 7-2-4-06 C. Signature Agent Addressee
1. Article Addressed to: 060470 Suntel Network, Inc.	D. V s delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
P. O. Box 781119 Winter Park FL 32878-1119	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
PSC-06-0619-PAA-TI	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7	1160 0004 5751 2272
PS Form 3811, March 2001 Domestic Reti	urn Receipt 102595-01-M-1424

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