

ORIGINAL

070552-TP

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"/> <i>Larry Head</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Receiver's Name (Print Name) <input type="checkbox"/> C. Date of Delivery</p>
<p>1. Article Addressed to: <i>070552-TP</i>  <i>Comp. mas</i></p> <p><b>Smart City Telecommunications LLC</b>  <b>Lynn B. Hall, Director, Contracts &amp; Tariffs</b>  <b>3100 Bonnet Creek Road</b>  <b>Lake Buena Vista, Florida 32830-8434</b></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> <p><i>BUENA VISTA FL 32830</i>  <i>AUG 06 2007</i>  <i>USPS - 32830</i></p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from sender's label)</p>	<p>7006 0810 0002 3488 1934</p>
<p>PS Form 3811, F 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

DOCUMENT NUMBER-DATE

06857 AUG-8 5

FPSC-COMMISSION CLERK