

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. Signature X Agent B. Received by (Printed Name) C. Date of Delivery Addressee C. Date of Delivery Q/11/07 D. Is delivery address different from item 11 U Yes
1. Article Addressed to: Color Phone, Inc. Code 1733	If YES, enter delivery address below:
1733 N.W. 79th Avenue I Miami FL 33126-1112	3. Service Type 4. Restricted Delivery? (Extra Fee)
PSC-070738-CO-TI	4. Restricted Derivery: (Lana i ec)
2. Article Number (Transfer from service label) 7006 2760 0003 8797 5665	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154	

DOCUMENT NUMBER-DATE

FPSC-COMMISSION CLERK