

RECEIVED-FPSC

08 AUG 18 AM 10:00

COMMISSION  
CLERK

COMPLETE THIS SECTION	COMPLETE THIS SECTION
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</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>1. Article Addressed to: <b>080400</b></p> <p>OCS Communications, Inc. 1969 South Alafaya Trail, Suite 102 Orlando FL 32828-8732</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p><b>REC-08-0524-PAA-TI</b></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Indicate if merchandise return)</p>	<p>7004 1160 0004 5751 3309</p>
<p>PS Form 3811, February 2004</p>	

DOCUMENT NUMBER-DATE

07376 AUG 18 08

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