

 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse print your name and address on the reverse 	A. Signature
 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. 	B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes
1. Article Addressed to: 080718-TT	If YES, enter delivery address below:
Total Solutions Telecom Inc. 7925 N.W. 12th Street, Suite 300 Miami FL 33126-1847	Service Type Gertified Mail Express Mail Registered Return Receipt for Merchandise
PSC-09-0241-PAA-TI	Insured Mail C.O.D. A. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service lab7006 0810 0000 0169 4972	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE

04025 APR 30 8

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