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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">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 <i>Mario Helao</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: PSC-10-0369-RAA-TI		B. Received by (Printed Name) MARIO HELAO	C. Date of Delivery 6/11/10
IP To Go LLC 1801 S.W. 22nd Street, Suite 300 Miami FL 33245-2784		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		7006 2760 0003 8796 8117	
Domestic Return Receipt			
102595-02-M-1540			

DOCUMENT NUMBER-DA
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