

RECEIVED-FPSC

13 JUN 10 AM 9:00

COMMISSION
CLERK

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>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 130112-TC A-1 Telephone Systems 11767 South Dixie Highway, Suite 385 Miami, FL 33156-4438 PSC 13 0234 PAA TC		B. Received by (Printed Name) <i>Cynthia Sanchez</i>	C. Date of Delivery <i>6/13/10</i>
		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 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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7010 0780 0002 2867 9021	
PS Form 3811, February 2004		Domestic Return Receipt	
		102596-02-M-1540	

DOCUMENT NUMBER-DATE

03164 JUN 10 2

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