

ORIGINAL

070351...-TX

PSC-07-0547A-PAA-TX

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>X Michael Thenn</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery  <i>Michael Thenn 8/6/07</i></p>
<p>1. Article Addressed to: <i>070351A-TX</i></p> <p>DialEZ Inc.          610 Sycamore Street, Suite 120          Celebration FL 34747-4988</p> <p><i>PSC-07-0547A-PAA-TX</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p> <hr/> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p>	<p><i>7005 3110 0002 8806 6430</i></p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE  
*06858 AUG-85*  
 FPSC-COMMISSION CLERK