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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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>x Lenda Joseph</i>	
1. Article Addressed to: 070507 Telescope International, LLC 10301 S.W. 87th Court Miami FL 33176-3010	B. Received by (Printed Name)	C. Date of Delivery 8/22/07
PSC-07-0666-PAA-TT	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number <i>(Transfer from service label)</i>	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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7005 3110 0002 8806 6140		

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1*

DOCUMENT NUMBER-DATE

07568 AUG 24 5

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