

RECEIVED - FPSC

07 OCT -8 AM 11:05

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 <i>Restricted Delivery</i> 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 checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: 070 459	B. Received by (Printed Name) S. M.	C. Date of Delivery 10/4/07
International InterConnect, Inc. 297 Barnes Blvd. Rockledge FL 32955-5325	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PSC-07-0799-CO-TI	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	
2. Article Number (Transfer from service label)	7006 2760 0003 8797 6105	
S Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

DOCUMENT NUMBER - DATE

09180 OCT-85

FPSC-COMMISSION CLERK