

RECEIVED-FPSC

13 JUN -6 AM 8:49

COMMISSION  
CLERK

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>	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>Cash Steele</i>	C. Date of Delivery <i>6/3/13</i>
1. Article Addressed to: <b>BO115-TC</b>  National Phone & Communication Services 4630 South Kirkman Road, Suite 313 Orlando, FL 32811-2833  <b>PSC-13-0234-PA A-TC</b>	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)	<b>7010 0780 0002 2867 9052</b>	
PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540		

DOCUMENT NUMBER-DATE

03107 JUN-6 2

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