RECEIVED-FPSC

07 AUG 24 AM 9: 15

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	B. Received by (Rringed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from Item 1? Yes
1. Article Addressed to: 07050	D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No
Total International Access Tele 4430 Orchid Blvd., Suite 202 Cape Coral FL 33904-7494	com Corporation
•	3. Service Type Certified Mail Registered Return Receipt for Merchandise C.O.D.
RX-07-0666-PAA-TI	4. Restricted Delivery? (Extra Fee) Yes
	10 0002 8806 6065
DC Form 3811 February 2004 Domestic Bet	urn Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE

07571 AUG 24 6