

RECEIVED-FPSC
 09 JUN -8 AM 10: 20
 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 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 <i>xmana Palao</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Empire One Telecommunications, Incorporated 55 Washington Street, 9th Floor Brooklyn NY 11201-1036	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No (Enter delivery address below:)	
2. Article Number <i>PSC-09-0365-PAA-T1</i> <i>090283-T1</i> (Transfer from service label)	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.	
7006 0810 0002 3487 6848	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

DOCUMENT NUMBER - DATE
 05714 JUN -8 8
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