

RECEIVED-FPSC  
09 JUN -8 AM 10:29  
COMMISSION  
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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>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Yuvia Poole</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Xinia Godinez 6/5/9</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
1. Article Addressed to:  MET Communications, Inc. Mr. Jorge E. Gutierrez P. O. Box 17180 Tampa FL 33682-7180	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.
<i>PSC-09-0386-CO-TX</i> <i>090191-TX</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7006 0810 0002 3487 6961
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE  
05729 JUN -8 8  
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