

RECEIVED-FPSC

12 JUN 13 AM 9:21

COMMISSION
CLERK

120115-TX

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
All American Telecom, Inc. Ms. Michelle Studstill 6905 North Wickham Road, Suite 403 Melbourne, FL 32940-7553	T. Brown	6/11/13
PSC-120244-PAA-TX DOCKET # 120115-TX	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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.	
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
7009 3410 0002 4112 7638		
Domestic Return Receipt	102595-02-M-1540	

RECEIVED NUMBER - DATE

03841 JUN 13 2013

FPSC-COMMISSION CLERK