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12 AUG 23 AM 9: 15

COMMISSION CLERK

A CONTRACTOR OF THE CONTRACTOR	
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 X
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
A-1 Telephone Systems	
Andrew Lazaro Diaz	
11767 South Dixie Highway, Suite 385	
Miami, FL 33156	2 Condes Tips
DK4. 120127 - TC PSC-12-0407 - CO-TC	3. Service Type Certified Mail Registered Return Receipt for Merchandlee Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	780 0002 0802 4506
PS Form 3811, February 2004 Domestic Ret	um Receipt 102595-02-M-1869

DOCUMENT NUMBER-DATE

05775 AUG 23 º