

RECEIVED-FPSC

13 JUN -3 AM 8:53

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. | <p>A. Signature <input checked="" type="checkbox"/> <i>Eva Leal</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Eva Leal</i> C. Date of Delivery <i>5/31/13</i></p> |
| <p>1. Article Addressed to: 130101-TX</p> <p>Home Town Telephone, LLC 1100 N.W. 163rd Drive, Suite A Miami, FL 33169-5816</p> <p>PSC 13 0225 PAA TX</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>7010 0780 0002 2867 8871</p> |
| <p>PS Form 3811, February 2004</p> | <p>Domestic Return Receipt 102595-02-M-1540</p> |

DOCUMENT NUMBER-DATE

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