

RECEIVED-FPSC

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COMMISSION
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| 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: 070495 STS Telecom, LLC P. O. Box 822270 Pembroke Pines FL 33082-2270 PSL-07-0666-AAA-TI | B. Received by (Printed Name) Rebecca Knowles | C. Date of Delivery 8/22/07 |
| 2. Article Number (Transfer from service label) | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| PS Form 3811, February 2004 | 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. | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |
| Domestic Return Receipt | 7005 3110 0002 8806 6027 | |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

07567 AUG 24 5

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