

RECEIVED-FPSC

07 AUG 24 AM 9:14

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 checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery  <i>P. Warner</i> <i>8/22/7</i></p>
<p>1. Article Addressed to: <i>070460</i></p> <p>Nexxtworks Long Distance, Inc.  30798 U.S. Highway 19 North  Palm Harbor FL 34684-4411</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input type="checkbox"/> No  If YES, enter delivery address below:</p>
<p><i>PSC-07-0666-PAA-TJ</i></p> <p>2. Article Number <i>7005 3110 0002 8806 5822</i>  (Transfer from service label)</p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

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