

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: **070483**

SkyNET Telesystems
 P. O. Box 6888
 Spring Hill FL 34611-6888

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Daniel L. Hutchens

B. Received by (Printed Name) C. Date of Delivery
DANIEL HUTCHENS 9/18/07

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
*P.O. Box 6082
 SPRING HILL, FL.
 34611*

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PSC-07-0666-YAA-TI

2. Article Number **7005 3110 0002 8806 5921**
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC _____
- OTH *Morant*

DOCUMENT NUMBER-DATE
08605 SEP 20 07
 FPSC-COMMISSION CLERK