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<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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>(X) <i>[Signature]</i></p>
1. Article Addressed to:  Comtel Networks, Corp. Mr. Max Glucksmann 3380 N.E. 16th Terrace, Suite 1 Pompano Beach FL 33064	B. Received by (Printed Name) C. Date of Delivery <i>Mr. Max Glucksmann</i> <i>5-7-09</i>
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
PSC-09-0297-PAA-T1 04065-09 090113-T1	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.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7006 0810 0002 3487 5872 Domestic Return Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE

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