

RECEIVED-FPSC

09 JUN 15 AM 9:52

COMMISSION
CLERK

090249-TC

| 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 | <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| 1. Article Addressed to: Coast Communication & | B. Received by (Printed Name) <i>PAU MAXIMO</i> | C. Date of Delivery <i>6/15/09</i> |
| Multi-Service Corporation | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 10008 West Flagler Street Miami FL 33174-1828 | 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. | |
| PSC-09-0410-CO-TC 090249-TC | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 2. Article Number (Transfer from service label) | 7006 0810 0002 3487 7357 | |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

05916 JUN 15 8

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