

RECEIVED-FPSC

11 JUL 20 AM 10:43

COMMISSION  
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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) C. Date of Delivery</p> <p>D. Is delivery address different from item? <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No  If YES, enter delivery address below:</p>
<p>1. Air</p> <p>Lyca Tele, LLC  570 Broad Street, Suite 301  Newark, NJ 07102-4456</p>	<p>3. Service Type</p> <p><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>
<p>2. Article Number  (Transfer from service label)</p> <p>PSC-11-0301-CO-TT 110190 <i>man</i></p>	<p>7009 3410 0002 4112 6488</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102505-02-M-1540</p>

DOCUMENT NUMBER-DATE

05001 JUL 20 =

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