

ORIGINAL

RECEIVED FPSC

03 OCT 22 AM 9:46

COMMISSION CLERK

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. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery <i>CONNIE PETERSEN</i> 10-20-03</p>
<p>1. Article Addressed to: 030693</p> <p>Taco Tex P. O. Box 16416 Panama City FL 32406-6416</p>	<p>C. Signature <i>Connie Petersen</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (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>
<p>7002 0860 0001 1758 6344</p>	
<p>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424</p>	

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CAF _____
CMP _____
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DOCUMENT NUMBER-DATE
10374 OCT 22 03
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