

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and item 4 if Restricted Delive Print your name and addr so that we can return the Attach this card to the bar or on the front if space per care. 	ry is desired. ess on the reverse card to you. ck of the mailpiece,	A. Received by (Pleas C. Signature X D. Is delivery address		B. Date of Delivery
OC	16399	If XES, enter delive	ery address below	w: No
McDonald Communi 1355 W. Palmetto Boca Raton FL 3	Park Rodu, Juli	:e Type Certified Mail Registered Insured Mail	☐ Express Ma☐ Return Rec	ill eipt for Merchandise
1255 W Dalmetto	Park Rodu, Juli	:e Type Certified Mail Registered	☐ Return Rec	
10EE W Dalmetto	Park Rodu, Juli	e Type Certified Mail Registered Insured Mail	☐ Return Reco	eipt for Merchandise

COM ____
CTR ___
ECR ___
GCL ___
OPC ___
MMS ___
RCA ___
SCR ___
SEC __L

OTH ____

CMP ____

PAA order No. PSC · 04 - 0823 - PAA-TC

DOCUMENT NUMBER-DATE

09442 AUG 30 3

FPSC-COMMISSION CLERK