

ORIGINAL

RECEIVED-PPSC

05 JAN -6 AM 10:09

COMMISSION CLERK

SENDER: 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>	A. Received by (Please Print Clearly) <i>E. P. Smith</i>	B. Date of Delivery <i>12/24/04</i>				
1. Article Addressed to:  TeleConex Mr. Ed Smiley 4100 Barrancas Avenue Pensacola FL 32507-3644  <i>041146</i>	C. Signature <i>X E. P. Smith</i>					
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? If YES, enter delivery address below: <table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Agent</td> </tr> <tr> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Addressee</td> </tr> </table>		<input type="checkbox"/> Yes	<input type="checkbox"/> Agent	<input type="checkbox"/> No	<input type="checkbox"/> Addressee
<input type="checkbox"/> Yes	<input type="checkbox"/> Agent					
<input type="checkbox"/> No	<input type="checkbox"/> Addressee					
PS Form 3811, March 2001	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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes					
Domestic Return Receipt	7002 0860 0001 1758 5323					
102595-01-M-1424	102595-01-M-1424					

PAA Order PSC-04-1244-PAA-EX

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SEC   +
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DAT

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FPSC-COMMISSION CLERK