

ORIGINAL

RECEIVED-FPSC

05 MAR 29 AM 10:07

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) <u>J. CHESSON</u> B. Date of Delivery <u>3.23.05</u></p>
<p>1. Article Addressed to: <u>040852</u></p> <p>Phone-Out/Phone-On 1012 Gregg Street Leesburg FL 34748-4338</p> <p><u>PAA</u></p>	<p>C. Signature <u>Jeanne Chesson</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>2. Article Number (Transfer from service label) <u>7002 0860 0001 1760 9425</u></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>PS Form 3811, March 2001</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>

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

PSC-05-0305 -PAA-TX

DOCUMENT NUMBER-DATE

03027 MAR 29 08

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