

ORIGINAL

RECEIVED- FPSC

05 SEP 19 AM 9:58

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. 	<table border="1"> <tr> <td data-bbox="877 661 1230 734">A. Received by (Please Print Clearly) <i>Nicole Denmark</i></td> <td data-bbox="1230 661 1409 734">B. Date of Delivery <i>9/12/01</i></td> </tr> <tr> <td data-bbox="877 734 1230 825">C. Signature <i>Nicole Denmark</i></td> <td data-bbox="1230 734 1409 825"> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2" data-bbox="877 825 1409 989"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No </td> </tr> </table>	A. Received by (Please Print Clearly) <i>Nicole Denmark</i>	B. Date of Delivery <i>9/12/01</i>	C. Signature <i>Nicole Denmark</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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C. Signature <i>Nicole Denmark</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee						
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No							
1. Article Addressed to: <i>050405</i> <i>PSC-05-0908</i> <i>@access, LLC</i> <i>3959 Van Dyke Road, Suite 201</i> <i>Lutz FL 33558-8025</i>	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						
2. Article Number <i>(Transfer from service label)</i>	<i>7004 1160 0004 5750 6301</i>						

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

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

DOCUMENT NUMBER-DATE

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