

ORIGINAL

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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>Brenda Major Jones</u></p> <p>B. Date of Delivery</p> <p>C. Signature <u>Brenda Major Jones</u></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p><u>050653-TC</u></p> <p>Major Communications Consulting, Inc. P. O. Box 617 Tangerine FL 32777-0617</p> <p><u>PAA</u></p>	<p><input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>Service Type</p> <p><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>2. Article Number</p> <p><u>7004 1160 0004 5750 6639</u></p> <p>PS Form 3811, March 2007</p>	<p>Stamp: TANGERINE FL 32777 DEC - 7 2005</p> <p>102595-01-M-1424</p>

- CMP _____
- COM _____
- CTR _____
- ECR _____
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