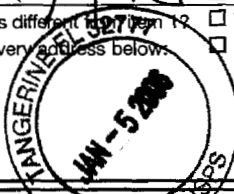


ORIGINAL

RECEIVED-FPSC

06 JAN 11 AM 10:09

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. 	A. Received by (Please Print Clearly) <u>Brenda M. Jones</u>	
1. Article Addressed to: <p style="text-align: center; font-size: 1.5em;">0506 S3</p>	B. Date of Delivery _____ C. Signature <u>Brenda M. Jones</u>	
Major Communications Consulting, Inc. P. O. Box 617 Tangerine FL 32777-0617 <p style="font-size: 1.5em;">PSC-06-0014-CO-TC</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____ 	
2. Article Number (Transfer from service label)	E. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" 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	
7004 1160 0004 5751 0902		

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

00262 JAN 11 8

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