

ORIGINAL

RECEIVED FPSC

06 FEB 21 AM 10:33

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 050703

Telefyne Incorporated  
4286 Woodbine Road, Suite B  
Pace FL 32571-8770

PSC-06-0098-PAA-T

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

K. Rook

2/16

C. Signature

X

A. Koss

Agent

Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number  
(Transfer from service label)

7004 1160 0004 5750 9708

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

DMP \_\_\_\_\_  
 COM \_\_\_\_\_  
 CTR \_\_\_\_\_  
 ECR \_\_\_\_\_  
 ECL \_\_\_\_\_  
 JPC \_\_\_\_\_  
 JCA \_\_\_\_\_  
 JCR \_\_\_\_\_  
 JGA \_\_\_\_\_  
 JEC   1    
 JFH \_\_\_\_\_

DOCUMENT NUMBER-DATE

01492 FEB 21 8

FPSC-COMMISSION CLERK