

ORIGINAL

RECEIVED FPSC

MAR 24 AM 10:51

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

CO-

COMPLETE THIS SECTION ON DELIVERY

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

Michelle Gibson 2/20/06

C. Signature

x Michelle Gibson Agent Addressee

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

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 9722

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

PSC-06-0186-CO-TI

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

DOCUMENT NUMBER-DATE

02673 MAR 24 8

FPSC-COMMISSION CLERK