

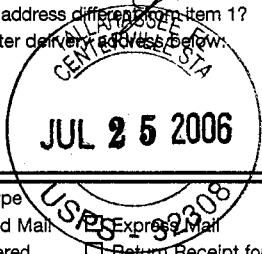
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) <i>Ferdinand James</i>	B. Date of Delivery
1. Article Addressed to: <i>060467</i>	C. Signature <i>X Ferdinand James</i>	
Tallahassee Memorial Telephone Company Mr. William A. Giudice 1401 Centerville Road, #210 Tallahassee FL 32308-4638	<input 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	
2. Article Number (Transfer from service label)	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.	
PS Form 3811, March 2001	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <i>PSC-06-0616 - PAA - TX</i> 7004 1160 0004 5750 7605	



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- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
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- SGA \_\_\_\_\_
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- OTH \_\_\_\_\_

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