

RECEIVED-FPSC

08 SEP -4 PM 12:24

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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. Signature <input type="checkbox"/> Agent <i>[Signature]</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <i>K.D. Harris</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>9-2-08</i></p>
<p>1. Article Addressed to: <i>020445</i></p> <p>Express Phone Service Mr. Tom Armstrong 1803 West Fairfield Drive Pensacola FL 32501-1040</p> <p><i>PSC-09-0562-PAA-TX</i></p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <i>7006 2760 0003 8797 7683</i></p>	

DOCUMENT NUMBER-DATE
08131 SEP-4 8
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