

RECEIVED-FPSC

08 SEP 30 AM 10: 57

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. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent
1. Article Addressed to: 080445	B. Received by (Printed Name) C. Date of Delivery
Express Phone Service Mr. Tom Armstrong 1803 West Fairfield Drive Pensacola FL 32501-1040	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.
PSC-08-0617-CO-TX	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004	7006 2760 0003 8797 8994 Domestic Return Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE
09169 SEP 30 08
FPSC-COMMISSION CLERK