


RECEIVED-FPSC

09 MAR 25 AM 9: 27

COMMISSION
CLERK

MAILER 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</p> <p><i>X Cathy Kessler</i> <input type="checkbox"/> Address</p>
<p>1. Article Addressed to:</p> <p>AT&T Florida Jerry D. Hendrix Regulatory Vice President 150 S Monroe St Suite 400 Tallahassee, FL 32301-1561</p> <p><i>090142-TP</i></p> <p><i>02397-09</i></p>	<p>B. Received by (Printed Name) C. Date of Delivery</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>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7006 0810 0002 3488 1811</p>	
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

DOCUMENT NUMBER-DATE

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