

RECEIVED-FPSC

12 MAY 14 AM 10:27

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: 120000-0T 60598-11	B. Received by (Printed Name) FRANK	C. Date of Delivery MAY 11 2012
<div style="border: 1px solid black; padding: 5px;"> <p>MS MICHELLE STUDSTILL AMERICAN DIAL TONE 6905 N WICKHAM RD STE 403 MELBOURNE FL 32940-7553</p> </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
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, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7009 3410 0002 4112 8284 Domestic Return Receipt 102595-02-M-1540	

DOCUMENT NUMBER-DATE

03044 MAY 14 2012

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