

RECEIVED-FPSC

12 MAY 25 AM 9: 22

COMMISSION  
CLERK

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>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            Emilia WANN</p> <p>C. Date of Delivery            5/23/12</p>
<p>1. Article Addressed to:</p> <p>calIVRS            1700 Nursery Road            Clearwater, FL 33756-2439</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No            If YES, enter delivery address below:</p>
<p>PSC-12-0244-PAA-TX            DOCKET# 120107-TX</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)</p>	<p>7009 3410 0002 4112 7560</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt    102595-02-M-1540</p>

DOCUMENT NUMBER-PATF

03340 MAY 25 04

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