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COMPLETE THESE ITEMS	SIGNATURE
<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"/> <i>Mary Hall</i> <input type="checkbox"/> Addressee
1. Article Addressed to: AT&T Florida Gregory Follensbee, Executive Director - Regulatory Relations 150 South Monroe, Suite 400 Tallahassee, Florida 32301-1561	B. Received by (Printed Name) C. Date of Delivery TRACY HATCH 8/31/2012
2. Article Number <i>120231-TP comp. mas</i> <small>(Transfer from service label)</small>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	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.
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7010 0780 0002 0802 4575

102595-02-11-1540

DOCUMENT NUMBER-DATE

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