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COMMISSION
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	B. Received by (Printed Name) D. Is delivery address different from term 1? Yes If YES, enter delivery address below:
Broadband Communities of Florida, Inc. W. James Mac Naughton 7 Fredon Marksboro Road Newton, NJ 07860-5013	
PSC-13-0226-P14-TX	3. Service Type Certified Mall Express Mall Registered Return Receipt for Merchandise C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label)	0780 0002 2867 9168
PS Form 3811, February 2004 Domestic Ret	um Receipt 102595-02-M-154

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