

RECEIVED-FPSC

13 SEP 26 AM 9:47

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 checked="" type="checkbox"/> <i>Alexis Sexton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) C. Date of Delivery <i>Alexis Sexton</i> <i>9-19-13</i>	
1. Article Addressed to: <i>130000-OT</i> <i>PN 02869-10</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
THOMAS M MCCABE MANAGER TDS TELECOM - EXTERNAL RELATIONS STE 3 BOX 329 1400 VILLAGE SQUARE BLVD TALLAHASSEE FL 32312-1231	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7006 2760 0003 8795 1607	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540