

RECEIVED-FPSC

15 JAN 26 AM 9:28

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>		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <u>Alonzo Jones</u> <input type="checkbox"/> Addressee	
1. Article Addressed to: <u>DHf: 140223-TC</u>		B. Received by (Printed Name)	C. Date of Delivery <u>1/20/15</u>
Florida Public Telephone Company 220 East Sixth Street Jacksonville FL 32206-4506		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Order: <u>FSC-15-0048-PPA-TC</u>		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.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		7011 3500 0001 5977 6284	
Domestic Return Receipt		102595-02-M-1540	