

ORIGINAL

RECEIVED-FPSC

AUG -8 AM 10:10

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. Received by (Please Print Clearly)	B. Date of Delivery
<p>1. Article Addressed to: <i>Comp. mail</i> <i>030746-TP</i></p> <p>Verizon Florida Inc. Michelle A. Robinson, Regulatory Affairs Assistant Vice President c/o David Christian 106 East College Avenue, Suite 810 Tallahassee, Florida 32301-7740</p>	<p>C. Signature</p> <p><i>[Signature]</i></p>	<p><i>8/5/03</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>2. Article Number (Transfer from service label) <i>7002 0860 0001 1755 6323</i></p>	<p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>PS Form 3811, March 2001</p>	<p>3. Service Type</p> <p><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>Domestic Return Receipt</p> <p>102595-01-M-1424</p>

AUS _____
CAF _____
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