

ORIGINAL

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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. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <p>C. Signature <i>Noel C. Mackay</i></p> <p><input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agency</p>
<p>1. Article Addressed to: 030735</p> <p>Noel C. Mackay P. O. Box 385 Port St. Joe FL 32457-0385</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>Express Mail Return Receipt for Merchandise C.O.D. Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7002 0860 0001 1755 6828</p>
<p>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-132</p>	

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