SEP-3 PH 12: 08 ■ Print your name and address on the reverse **BOCUMENT NUMBER-DAT** C. Signature so that we can return the card to you. Agent ■ Attach this card to the back of the mailpiece, ☐ Addressee or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: 031031 If YES, enter delivery address below: 7696 Miko Tele, ne Communications, Inc. Ms. Margares Currie 2100 SouthWridge Parkway, Suite 650 Birmingham AL 35209-1390 Service Type **É**-€ertified Mail Express Mail Return Receipt for Merchandise □ Registered ☐ C.O.D. ☐ Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7002 0860 0001 1758 **773**0 (Transfer from service & ORIGINAL PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424 Public Service Commiss 2540 Shumard Oak Boulevard 7002 0860/0001 1758 7730 Tallahassee, Florida 3299-0850 Parkway, Suite 650 5209-1390 MMS

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

COMPLETE THIS SECTION ON DELIVERY

B. Date of Delivery

COM

ECR GCL OPC

FPSC-COMMISSION CLERI

A. Received by (Please Print Clearly)