

ORIGINAL

RECEIVED-FPSC

04 DEC 27 PM 2: 53

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. 	<p>A. Received by (Please Print Clearly) <i>L. Fleming</i> B. Date of Delivery <i>12/20</i></p> <p>C. Signature <i>Lisa Fleming</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <i>040853</i></p> <p>Ocius Communications, Inc. 435 Douglas Avenue, Suites 2105 & 2005 Altamonte Springs FL 32714-2574</p>	<p>3. Service type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <i>7002 0860 0001 1758 5286</i></p> <p>(Transfer from ser)</p>	

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

PSC-04-1227-CO-1X

DOCUMENT NUMBER-DATE

13508 DEC 27

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