

ORIGINAL

RECEIVED--FPSC

05 JAN 13 AM 10:42

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. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to: <u>041031</u>	C. Signature <u>X Daniel Amador</u>	
Bay Public Communications, Inc. P. O. Box 27852 Panama City Beach, FL 32411-7852	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, March 2001	7002 0860 0001 1758 5934	Domestic Return Receipt 102595-01-M-1424

PAA order PSC-04-1271-PAA-TC

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

DOCUMENT NUMBER-DATE

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