

ORIGINAL

RECEIVED-FPSC

05 DEC 21 AM 9:45

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) <i>Frank Ross</i> | B. Date of Delivery <i>12/19</i> |
| 1. Article Addressed to: <div style="text-align: right; margin-right: 50px;"><i>050615</i></div> <p>Telefyne Incorporated 4286 Woodbine Road, Suite B Pace FL 32571-8870</p> <div style="text-align: center; margin-top: 20px;"><i>CO-</i></div> | C. Signature <input checked="" type="checkbox"/> <i>F. Ross</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> | |
| 2. Article Number (Transfer from servi) | D. Is delivery address different from item 1? If YES, enter delivery address below: <div style="float: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> | |
| | 3. 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 | |
| 2. Article Number (Transfer from servi) 7004 1160 0004 5750 6769 | | |

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

PSC-05-1219-CO-TX

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

DOCUMENT NUMBER-DATE

11777 DEC 21 08

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