

# ORIGINAL

RECEIVED-FPSC

05 DEC 23 AM 9:41

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>	<p>A. Received by (Please Print Clearly) <u>5002</u> Date of Delivery <u>12/23/05</u></p> <p>C. Signature <u>X</u> <i>Graham</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <u>050619</u></p> <p>Atlantic Phone P. O. Box 7912 Port St. Lucie FL 34985-7912</p> <p><u>CO-</u></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 (Transfer from service label) <u>7004 1160 0004 5750 6738</u></p>	

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

**11841 DEC 23 05**

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