

# ORIGINAL

RECEIVED-FPSC

05 JAN 12 PM 12:20

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<br>1-11 |                              |                             |
| <p>1. Article Addressed to: <i>060020-TP Comp. mas</i></p> <p><b>Verizon Florida Inc.<br/>David Christian, Vice President<br/>106 East College Avenue<br/>Tallahassee, Florida 32301-7748</b></p>  | C. Signature<br>X <i>V. Bass</i>  |                             |                              |                             |
| <p>2. Article Number<br/>(Transfer from service label)</p>   | D. Is delivery address different from item 1?<br>If YES, enter delivery address below: <table border="0"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>  |                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> No   |                             |                              |                             |
| <p>PS Form 3811, March 2001</p>  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |                             |                              |                             |
| <p>7004 1160 0004 5751 0971</p>  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |                             |                              |                             |

Domestic Return Receipt 102595-01-M-1424

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

DOCUMENT NUMBER-DATE  
 00319 JAN 12 8  
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