

# ORIGINAL

RECEIVED-TPSC

JAN 18 AM 9:37

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) <i>Penn D Stanley</i>	B. Date of Delivery <i>1/17/06</i>
1. Article Addressed to: <i>050673-TC</i>	C. Signature <i>Penn D Stanley</i>	
Columbia County Board of County Commissioners P. O. Drawer 1529 Lake City FL 32056-1529	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<i>PSC-06-0037-CO-TC</i>	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7004 1160 0004 5751 1213		

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

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

DOCUMENT NUMBER-DATE

00438 JAN 18 06

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