

ORIGINAL

RECEIVED-FPSC

05 JAN 25 AM 10:10

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)	B. Date of Delivery 1/21/17
1. Article Addressed to: 050705	C. Signature x <i>[Signature]</i>	
Blackstone Communications Company 11600 N.W. 34th Street Miami FL 33178-1834 PSC-06-0051-CO-TI	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) 7004 1160 0004 5751 1251	Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, March 2001	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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

00717 JAN 25 18

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