


ORIGINAL

RECEIVED-FPSC

05 APR -3 AM 11:28

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) <b>Cathi Clarke</b>      B. Date of Delivery <b>3-30-06</b></p>
<p>1. Article Addressed to <b>050949</b></p>	<p>C. Signature       <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>AA Tele-Com 3644 West Lantana Road Lantana FL 33462-2283</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:  <b>P.O. BOX 3167</b>  <b>LANTANA FL 33465</b></p>
<p><b>PAA</b></p>	<p>3. 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.</p>
<p>2. Article Number (Transfer from service) <b>7004 1160 0004 5750 9661</b></p>	<p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

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

**PSC-06-0229-PAA-TX**

DOCUMENT NUMBER-DATE

**02938 APR-3 06**

FPSC-COMMISSION CLERK