

ORIGINAL

RECEIVED-FPSC

06 MAY -4 AM 9:34

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

060365-TP

Verizon Florida Inc.
 Mr. David Christian
 106 East College Avenue
 Tallahassee FL 32301-7748

Complaint Notice
R.V.N.

2. Article Number
(Transfer from service label)

7004 1160 0004 5750 9302

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X



5/3

- Agent
- Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

- IMP _____
- COM _____
- TR _____
- CR _____
- CL _____
- PC _____
- CA _____
- CR _____
- GA _____
- EC 1
- JTH _____

DOCUMENT NUMBER-DATE

03968 MAY-4 8

FPSC-COMMISSION CLERK