

ORIGINAL

RECEIVED-FPSC

MAY 25 AM 9:25

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. 	<p>A. Received by (Please Print Clearly) <u>Ronald Pfachnik</u> B. Date of Delivery <u>5-23-01</u></p> <p>C. Signature <u>Ronald Pfachnik</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <u>041144</u></p> <p>Sprint-Florida, Incorporated (05) Susan S. Masterton, Esq. P.O. Box 2214 Tallahassee FL 32316-2214</p> <p><u>PSC-06-0417-AS-TP</u></p> <p>2. Article Number <u>7004 1160 0004 5750 9159</u> (Transfer from service label)</p>	<p>Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</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 _____

DOCUMENT NUMBER-DATE

04553 MAY 25 01

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