

ORIGINAL

RECEIVED-FPSC

06 MAY 26 AM 9:39

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) <i>Leigh Demler</i>	B. Date of Delivery <i>05/24/06</i>
1. Article Addressed to: <i>060061</i>	C. Signature <i>X Leigh Demler</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
T3 Communications, LLC Dale J. Conrad 2401 First Street, Suite 300 Ft. Myers FL 33901-2941	D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No	
<i>PSC-06-0439-PAA-TX</i>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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 5750 9128	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

- MP _____
- OM _____
- TR _____
- ECR _____
- 3CL _____
- OPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE

04592 MAY 26 06

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