

ORIGINAL

RECEIVED FPSC

06 JUL 25 AM 9:09

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) <i>Sheila Collins</i> B. Date of Delivery <i>7/21/06</i></p>  |
| <p>1. Article Addressed to: <i>060465</i></p> <p>Sopchoppy Payphone Repair Inc<br/>P. O. Box 249<br/>Sopchoppy, FL 32538-0249</p>  | <p>C. Signature <i>* Sheila Collins</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>   |
| <p><i>PBC-06-0614-PAA-TC</i></p>   | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p>  |
| <p>2. Article Number<br/>(Transfer from service label)</p>   | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> |
|  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |
| <p>PS Form 3811, March 2001</p>  | <p>7004 1160 0004 5751 4078<br/>Domestic Return Receipt 102595-01-M-1424</p>   |

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

DOCUMENT NUMBER-DATE  
06510 JUL 25 06