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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery D. Is delivery address different from Item 1?
1. Article Addressed to: 060462 SwiftTel	If YES, enter delivery address below:
385 East Drive Melbourne, FL 32904-1030	3. Service Type Certified Mail Registered Registered Insured Mail C.O.D.
PSC-06-DOU-PAATTY	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7 🗆 🖂 4	1160 0004 5751 2722
PS Form 3811, February 2004 Domestic Ref	un Receipt 102595-02-M-1540

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