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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>Saymore Nelson</i>	B. Date of Delivery <i>8-16-06</i>
1. Article Addressed to: <i>060462</i> Mr. John Thomas www.netquincy.com 404 West Jefferson Street Quincy, FL 32351-2328 <i>PSC-06-0705-CO-TX</i>	C. Signature <input checked="" type="checkbox"/> <i>Saymore Nelson</i>	
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 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.	
PS Form 3811, March 2001	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7005 1160 0003 8789 6441	102595-01-M-1424

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07388 AUG 17 06

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