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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. Signature <input checked="" type="checkbox"/> B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <input type="checkbox"/> D. Is delivery address different from item 1? If YES, enter delivery address below:
1. Article Addressed to: <u>060465-TC</u> Cozy Court Motel 407 Woodland Avenue Lakeland, FL 33801-3043	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <u>8-17-06</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>PSC-06-0702-CO-TC</u> 2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
PS Form 3811, February 2004	<input type="checkbox"/> 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7005 1160 0003 8789 5901 Domestic Return Receipt 102595-02-M-1540

CMP _____
 COM _____
 CTR _____
 ECR _____
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