

ORIGINAL

RECEIVED-FPSC

06 AUG 21 AM 11:16

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 060465-TC

Tom Hopper
8132 Trout River Drive
Jacksonville, FL 32208-4138

PSC-06-0702-CO-TC

2. Article Number
(Transfer from service label)

7005 1160 0003 8789 5444

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Handwritten Signature] Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 8/17/06

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

DOCUMENT NUMBER-DATE

07511 AUG 21 06

FPSC-COMMISSION CLERK