

ORIGINAL

RECEIVED-FPSC

06 AUG 21 AM 11:16

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. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to: <u>060465-TC</u></p> <p>Dean Newell          615 Bayside Drive          Tarpon Springs, FL 34689-7019</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>8-17</p>
<p><u>PSC-06-0702-CO-TC</u></p> <p>2. Article Number          (Transfer from service label)</p>	<p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7005 1160 0003 8789 5512</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- IPC \_\_\_\_\_
- ICA \_\_\_\_\_
- ICR \_\_\_\_\_
- IGA \_\_\_\_\_
- EC 1 \_\_\_\_\_
- ITH \_\_\_\_\_

DOCUMENT NUMBER-DATE  
 07515 AUG 21 08  
 FPSC-COMMISSION CLERK.