

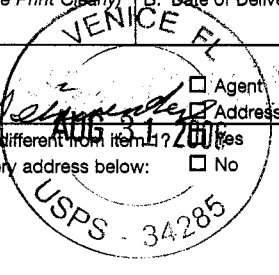
ORIGINAL

RECEIVED-FPSC

06 SEP -5 AM 10: 04

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. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p> <p>C. Signature<br/> X <i>Helen M. [unclear]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>  |
| <p>1. Article described to: <b>060336</b></p> <p>Florida Telco, Inc.<br/> 308 West Bay Drive<br/> Venice FL 34285-1401</p> <p><b>PSC-06-0724-CO-TC</b></p>   | <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br/> If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service lab) <b>7005 1160 0003 8789 6090</b></p>   |  |



PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

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

DOCUMENT NUMBER-DATE  
**08101 SEP-5 8**  
FPSC-COMMISSION CLERK