DOCUMENT NUMBER-DATE

DECEIVED-FPSC 06 NOV -6 AM II: 37 COMMISSION

aŭ .	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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>	A. Received by (Please Print Clearly) B. Date of Delivery
	C. Signature
	X Agent Addressee
1. Article Addressed to: 000465	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
TNT Communication Services, Inc. 4900 N.W. 15th Street, #4496 Margate, PL 33063-3731	
	3. Service Type Certified Mail
08r-110- NOIU-PAQ-TC	4 Restricted Delivery? (Extra Fee)

Domestic Return Receipt



2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850



7004 1160 0004 5751 392



102595-01-M-1424





TNT Communication Services, Inc. 4900 N.W. 15th Street, #4496 Margate, FL 33063-3731

(Transfer from service label)

PS Form 3811, March 2001

907/ Mailed F

INT-900 330635565 1106 02 07/29/00 NOTIFY SENDER OF NEW ADDRESS :TNT COMMUNICATION SERVICES INC 4293 NW 55TH PL COCONUT CREEK EL 33073-5034

35388088001

7004 1160 0004 5751 3927