

ORIGINAL

RECEIVED-FPSC
06 NOV 20 AM 9:26

COMMISSION
CLERK

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"/> Agent <input checked="" type="checkbox"/> Addressee <i>Ruby Evans</i>	
1. Article Addressed to: 05694P ACI 96 N.E. Dixie Highway Stuart FL 34994-1840	B. Received by (Printed Name)	C. Date of Delivery NOV 15
PSC-06-0945-Fdf-TX	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	3. Service Type <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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7005 1160 0003 8789 7288	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

DOCUMENT NUMBER-DATE
10598 NOV 20 08
FPSC-COMMISSION CLERK