## ORIGINAL

676552

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. Signature  X
AT&T Florida Nancy H. Sims, Director, Regulatory Relations	
150 South Monroe Street, Suite 400	3. pervice Type
Tallahassee, Florida 32301-1556	Certified Mail  Registered Insured Mail  C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7006 [ (Transfer from service label)	1810 0005 3488 1880
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE

06725 AUG-6 5

FPSC-COMMISSION CLERK