

RECEIVED-FPSC
 07 AUG 21 AM 9:47
 COMMISSION
 CLERK

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: **070383**

Florida Public Communications
 Mr. Gerry Rockey
 4150 Kidron Road
 Lakeland FL 33811-1274

PSC- 67-0651-00-TC

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Mary Z Harrison

B. Received by (Printed Name) | C. Date of Delivery
M HARRISON | **8/16/07**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7005 3110 0002 8806 5419**
 (Transfer from service label)

DOCUMENT NUMBER-DATE
07390 AUG 21 6
 FPSC-COMMISSION CLERK