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<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>	A. Signature x <i>Diane L. Hitchens</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>070483</i>  SkyNET Telesystems P. O. Box 6888 Spring Hill FL 34611-6888  <i>PSC-07-0738-CO-TT</i>	B. Received by (Printed Name) <i>DIANE L. HITCHENS</i> C. Date of Delivery <i>9/25/07</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
PS Form 3811, February 2004	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.
7006 2760 0003 8797 5757	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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