

RECEIVED-FPSC

07 DEC 12 AM 9:21

COMMISSION  
CLERK

C70573-TX

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to: <b>070573</b></p> <p>Re-Connection Connection  P. O. Box 101252  Ft. Lauderdale FL 33310-1252</p> <p><b>PSC-07-0966-PAA-TX</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If Yes, enter delivery address below: <input type="checkbox"/> No</p>  <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label) <b>7006 0810 0002 3488 2214</b></p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

10848 DEC 12 8

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