

RECEIVED-FPSC

08 SEP 29 AM 9:51

COMMISSION
CLERK

| 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. <p>1. Article Addressed to: 0804 74</p> <p>NationsLine Florida, Inc. P. O. Box 11845 Roanoke VA 24022-1845</p> <p>PSC-08-0617-CO-TX</p> | <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Stephanie Huynh</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Stephanie Huynh</i> <i>9/26/08</i></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: 7006 2760 0003 8797 9144 (transfer from service label)</p> | |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p> | |

DOCUMENT NUMBER-DATE

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