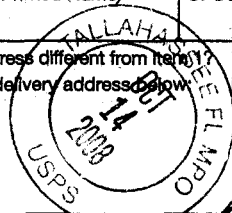


RECEIVED-FPSC

08 OCT 17 AM 10:28

COMMISSION
CLERK

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <i>x Meg Follensbee</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: <i>080631-TP Conf. mbr</i></p> <p>AT&T Florida Gregory R. Follensbee, Executive Director - Regulatory Relations 150 South Monroe Street, Suite 400 Tallahassee, Florida 32301</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</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)</p>	<p>7006 2760 0003 8797 7119</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102895-02-M-1540

DOCUMENT NUMBER-DATE

09884 OCT 17 08

FPSC-COMMISSION CLERK