


RECEIVED-FPSC

08 DEC -1 AM 10: 27

COMMISSION  
CLERK

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  </p> <p><input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  Michael STARDY HASSER</p> <p>C. Date of Delivery  NOV 25 2008</p>
<p>1. Article Addressed to: <b>080460</b></p> <p>Laser Telecom  Mr. Raymond M. Chauncey  P. O. Box 16480  Fernandina Beach FL 32035-3125</p> <p><b>PSC-08 - 0736-CO-TX</b></p>	<p>D. Is delivery address different from address on label?  If YES, enter delivery address below: <input type="checkbox"/> Yes <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 2760 0003 8797 9786</b></p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

11009 DEC-1 8

FPSC-COMMISSION CLERK