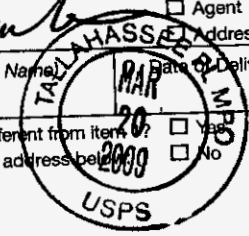


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09 MAR 23 AM 11:07

COMMISSION
CLERK

| SENDER: 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>A. Signature <input checked="" type="checkbox"/> Addressee <i>X Greg Tallen</i></p> <p>B. Received by (Printed Name) _____ Date of Delivery _____</p> <p>D. Is delivery address different from item #? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below _____</p>  |
| <p>1. Article Addressed to: <i>formal complaint</i> <i>02357-09</i></p> <p>AT&T Florida 150 S Monroe St Suite 400 Tallahassee, FL 32301-1561</p> | <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><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><i>090135-TP</i></p> <p>7006 0810 0002 3488 1804</p> |
| <p>PS Form 3811, February 2004</p> | <p>Domestic Return Receipt 102595-02-M-1540</p> |

DOCUMENT NUMBER-DATE
 02507 MAR 23 8
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