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090360 - TI

| 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> | A. Signature<br><input checked="" type="checkbox"/> Agent<br><input type="checkbox"/> Addressee   |                     |
| 1. Article Addressed to:   | B. Received by (Printed Name)   | C. Date of Delivery |
| Epicus Communications Group, Inc.<br>19850 U.S. Highway 441, #305<br>Mt. Dora FL 32757   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |                     |
| 090360-TI PSC-09-0266 PAA-TI   | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |                     |
| 2. Article Number<br>(Transfer from service label)   | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |                     |
| 7006 2760 0003 8795 2048   |   |                     |

PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540

DOCUMENT NUMBER-DATE

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