

RECEIVED-FPSC

09 NOV 24 AM 9:38

COMMISSION  
CLERK

080 278-TU  
080 234-TP

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  <input checked="" type="checkbox"/> <i>Commission Clerk</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p><b>Verizon Florida LLC</b>  <b>Mr. David Christian</b>  <b>106 East College Avenue, Suite 710</b>  <b>Tallahassee FL 32301-7721</b></p> <p><i>PSC 09 0782 AS TP 11445-09</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          (Transfer from service label)</p>	<p>7006 2760 0003 8795 1935</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

ARTICLE NUMBER-DATE

11538 NOV 24 8

FPSC-COMMISSION CLERK