

RECEIVED--FPSC
10 JAN 21 AM 10:16
COMMISSION
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100021-TP

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 x <i>Russell Welch</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <i>Russell Welch</i></p> <p>C. Date of Delivery <i>1-19-10</i></p>
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No

LifeConnex Telecom, LLC
13700 Perdido Key Drive, Unit B222
Perdido Key FL 32507-7475

<i>100021-TP</i> <i>Complaint</i>	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.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes
7006 2760 0003 8796 7905	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

00501 JAN 21 0

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