

100175-TL

RECEIVED - FPSC
10 APR 13 AM 9:20
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. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>x [Signature]</i>	
1. Article Addressed to:	B. Received by (Printed Name) <i>Robin Yait</i>	C. Date of Delivery <i>4/12/2010</i>
AT&T Florida Greg Follensbee Executive Director, Regulatory Relations 150 S Monroe St Suite 400 Tallahassee, FL 32301-1561	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
<i>100175-TL Complaint</i>	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 <i>(Transfer from service label)</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004	7006 2760 0003 8796 8131	Domestic Return Receipt 102595-02-M-1540

DOCUMENT NUMBER - DATE

02757 APR 13 2010

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