

100295-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. 	A. Signature X <i>Greg Follensbee</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: AT&T Florida Greg Follensbee Executive Director, Regulatory Relations 150 S Monroe St Suite 400 Tallahassee, FL 32301-1561	B. Received by (Printed Name) <i>Greg Follensbee</i>	C. Date of Delivery <i>5/19/10</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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.	
<i>100295-TP</i> <i>Complaint</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7006 2760 0003 8795 1980	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER - DATE
 04280 MAY 20 2010
 FPSC-COMMISSION CLERK