

RECEIVED-FPSC

10 JUN -1 AM 10:06

COMMISSION
CLERK

100195-TC

SENDER COMPLETE THIS SECTION

- 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.

Tallahassee Community College
 Teresa E. Smith, PhD
 VP for Administrative Services & CFO
 444 Appleyard Drive
 Tallahassee FL 32304-2895

COMPLETE THIS SECTION FOR DELIVERY

A. Signature Agent
Bruce Williams Addressee

B. Received by (Printed Name) C. Date of Delivery
Bruce Williams *5/28/10*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

100195-TC PSC-10-0333-FOF-TC

2. Article Number
 (Transfer from service label) **7006 2760 0003 8795 1966**

DOCUMENT NUMBER-DATE

04529 JUN-10

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