RECEIVED-FPSC 10 JUN 10 AM 9: 25 COMMISSION CLERK

100228-TI

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: PSC-10-0349-PAA-77 Centennial Florida Switch Corp.	□ D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No
Mr. William L. Roughton, Jr.	3. Service Type
3349 Route 138, Building A	Poertified Mail Express Mail
Wall NJ 07719-9671	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 700	16 0810 0002 3488 1750
PS Form 3811, February 2004 Domestic R	leturn Receipt 102595-02-M-1540

THE CHARLES WERE BATE

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