

RECEIVED-FPSC

10 JUL -8 AM 8:55

COMMISSION  
CLERK

100246-TI

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <b>X</b> <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </div>
1. Article Addressed to:  Phone Miami and/or Pho 8300 N.W. 53rd Street, # Miami FL 33166-7712  <b>PSC-10-0411-CO-TI 100246-TI</b>	B. Received by (Printed Name) _____ C. Date of Delivery <b>7-8</b>  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.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  <div style="text-align: center;"> <b>7006 2760 0003 8796 8810</b> </div> Domestic Return Receipt <span style="float: right;">102595-02-M-1540</span>

DOCUMENT NUMBER-DATE

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