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100283-TC

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 <input checked="" type="checkbox"/> <i>Leila Ebrahim</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name) <i>Leila Ebrahim</i>	C. Date of Delivery <i>7/19</i>
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>A&amp;Z Communications 19019 Chemille Drive Lutz FL 33558-2843</p> </div>	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	102595-02-M-1540
<div style="display: flex; justify-content: space-between;"> <span>100283-TC PSC-10-0441-CO-TC</span> <span>7009 3410 0002 4113 1536</span> </div>		

DOCUMENT NUMBER-DATE

05836 JUL 16 09

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