

RECEIVED-FFSC

10 NOV 15 AM 10:18

COMMISSION  
CLERK

100432-TP

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <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>	<p><b>COMPLETE THIS SECTION AT DELIVERY</b></p> <p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>Robyn Yant</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent  <i>Robyn Yant</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery  <i>11/12/2010</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>AT&amp;T Florida          Greg Follensbee          Executive Director, Regulatory Relations          150 S Monroe St Suite 400          Tallahassee, FL 32301-1561</p>	<p>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 checked="" type="checkbox"/> C.O.D.</p>
<p><i>100432-TP</i> <i>Complaint</i></p> <p>2. Article Number          (Transfer from service label) <i>7010 0780 0002 2867 6945</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

DOCUMENT NUMBER DATE

09350 NOV 15 2010

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