

110071-TP

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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Greg Follensbee</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery  <i>Greg Follensbee</i>      <i>3/17/11</i></p> <p>D. Is delivery address different from item 1?      <input type="checkbox"/> Yes  If YES, enter delivery address below:      <input type="checkbox"/> No</p>

**AT&T Florida**  
**Gregory Follensbee,**  
**Executive Director – Regulatory Relations**  
**150 South Monroe Street, Suite 400**  
**Tallahassee, Florida 32301-1561**

*110071-TP Complaint man*

1. 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.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Transfer from service label)      **7009 3410 0002 4112 5337**

DOCUMENT NUMBER DATE  
**01810 MAR 18 =**  
FPSC-COMMISSION CLERK