

110123-TX

RECEIVED-FPSC

11 MAY 17 AM 8:47

COMMISSION
CLERK

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Signature x <i>D. Gabriella Porter</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: ElectroNet Intermedia Consulting, Inc. 3411 Capital Medical Blvd. Tallahassee FL 32308-4425	B. Received by (Printed Name) <i>D. Gabrielle Porter</i>	C. Date of Delivery <i>5/17/04</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	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	
110123-TX PSC-11-0221-PAA-TX	7009 3410 0002 4112 5450	
Domestic Return Receipt	102505-02-M-1540	

DOCUMENT NUMBER-DATE

03404 MAY 17 =

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