

110123-TX

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. 	<p>A. Signature <i>Casey Feeney</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>04048-11</p> <p>ElectroNet Intermedia Consulting, Inc. 3411 Capital Medical Blvd. Tallahassee, Florida 32308-4425</p>	<p>B. Received by (Printed Name) <i>Casey Feeney</i> C. Date of Delivery <i>6/13/11</i></p>
<p>2. Article Number (Transfer from service label)</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> <p style="text-align: center;">RECEIVED - FPSC JUN 13 AM 10:00 COMMISSION CLERK</p>
<p>PS Form 3811, February 2004</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 type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 3410 0002 4112 5634</p>	
<p>Domestic Return Receipt 102505-02-44-1540</p>	

Mail 110123 PSC-11-0247-CO-TX

DOCUMENT NO. DATE
04048-11 6/13/11
FPSC - COMMISSION CLERK