

110109-TX

RECEIVED-FPSC

11 JUN 20 AM 10:53

COMMISSION
CLERK

SENDER. COMPLETE THIS SECTION	ADDRESSEE. COMPLETE THIS SECTION
<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 <input checked="" type="checkbox"/> <i>Lauren P. Cole</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Lauren P. Cole</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Cogent Communications of Florida LHC, Inc. 1015 31st Street, N.W. Washington DC 20007-4406</p> <p><i>110109 PSC-11-0248-10-TX mes</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> <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>2. Article Number (Transfer from service label)</p>	<p style="text-align: center;">7009 3410 0002 4112 5610</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102555-02-11-1540</p>	

DOCUMENT NUMBER-DATE

04200 JUN 20 =

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