


RECEIVED-FPSC

11 AUG 18 AM 8:56

COMMISSION
CLERK

MAILER: 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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>8-15</u></p>
<p>1. Article Addressed to: <u>08000-OT 090501-TP</u> <u>[07710-08; 01966-08; 02188-10</u> <u>02202-10; 03706-10]</u></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>DULANEY L O'ROARK III ESQ VERIZON FLORIDA 5055 N POINT PKWY ALPHARETTA GA 30022</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>2. Article Number _____ (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7009 3410 0002 4112 6563</p>

Form 3811, February 2004

Domestic Return Receipt

DOCUMENT NUMBER-DATE

05864 AUG 18 =

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