

RECEIVED-FPSC

13 MAR 25 AM 8:11

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.	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X Kim Jackson</i></p>
1. Article Addressed to: <i>130000-OT, 04335-12</i>	<p>B. Received by (<i>Printed Name</i>) <input type="checkbox"/> C. Date of Delivery</p> <p><i>Kim Jackson</i> <i>3-20</i></p>
<p>DEBORAH NOBLES VICE PRESIDENT NEFCOM - REGULATORY AFFAIRS 505 PLAZA CIRCLE STE 200 ORANGE PARK FL 32073</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	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.
2. Article Number (<i>Transfer from service label</i>)	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes
7006 2760 0003 8796 9152	
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE

01448 MAR 25 02

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