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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 A. Signature B. Received by (Printed Name) C. Date of Delivery Kcreena ch7 6/6/13 D. Is delivery address different from Item 1? Yes
1. Article Addressed to: 130099. TX	If YES, enter delivery address below: No
Netta k 1080 N.W. 163rd Drive	
Miami; FL 33169-5818	3. Service Type Certified Mall Express Mail
PSC-13-0292-CO-TX	Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 701007	80 0002 2864 5668
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-154