

RECEIVED-FPSC

13 DEC 18 AM 9:39

COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature x <i>Th. d...er</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	1. Article Addressed to: <i>130000-OT</i> <i>DN 02601-11</i>	B. Received by (Printed Name) <i>Micha Weisman</i>
THOMAS M MCCABE MANAGER TDS TELECOM - EXTERNAL AFFAIRS STE 3 BOX 329 1400 VILLAGE SQUARE BLVD TALLAHASSEE FL 32312-1231	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 (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7011 3500 0001 5979 4370	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540