

RECEIVED-FPSC

14 MAR 26 AM 9:40

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 checked="" type="checkbox"/> <i>Cathy Kessler</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>CATHY KESSLER</i></p> <p>C. Date of Delivery <i>3-25-14</i></p>
<p>1. Article Addressed to:</p> <div data-bbox="332 1029 771 1165" style="border: 1px solid black; padding: 5px;"><p>Mr. Gregory R. Follensbee AT&T Florida 150 South Monroe Street, Suite 400 Tallahassee, FL 32301-1561</p></div> <p><i>140055-TP</i> <i>Notice of Complaint</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><i>7006 2760 0003 8795 1751</i></p>