


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 <input checked="" type="checkbox"/> <i>B. Talavera</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>DKT: 150072-TX</i> <i>DNS: 01304-15</i> <i>03603-15</i>	B. Received by (Printed Name) <i>B Talavera</i> C. Date of Delivery <i>12/14/15</i>
Ms. Dana Hoyle Florida Hearing and Telephone 5070 Mark IV Parkway Fort Worth, TX 76106-2219	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail
PS Form 3811, February 2004	 7011 3500 0001 5977 8196 Domestic Return Receipt 102595-02-M-1540

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