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<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.	A. Signature <input checked="" type="checkbox"/> <i>Susan A. Owens</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>0141019 #205053</i> <i>0393-204, 031004-205</i> <i>03946-205</i>	B. Received by (Printed Name) <i>SUSAN A. OWENS</i>	C. Date of Delivery <i>9/28/17</i>
ITS Telecommunications Donna Marreel, Regulatory Manager 16001 SW Market Street Indiantown, FL 34956 7065 0640 0001 2706 4223	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540