

RECEIVED-FPSC

08 MAY 20 AM 9:29

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> <p>1. Article Addressed to: <u>080278-TL</u> <i>Comp</i></p> <p><b>Verizon Florida LLC</b> <b>David Christian,</b> <b>Vice President Regulatory</b> <b>106 East College Avenue, Suite 710</b> <b>Tallahassee, Florida 32301-7721</b></p>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span>  <i>Janet Morris</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>JANET MORRIS</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> <hr/> <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><u>7006 2760 0003 8797 6464</u></p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt <span style="float: right;">102595-02-M-1540</span></p>

DOCUMENT NUMBER-DATE

04152 MAY 20 08

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