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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. Article Addressed to: Sunshine State Communications, Ms. Ana O. Sanchez 	A. Signature X Agent Addressee B. Received by Name) C. Date of Defivery D. Selica bases agrees below: No
P. O. Box 3281	a Carrier Type
Thousand Oaks CA 91359-0281	3. Service Type Certified Mail Registered Receipt for Merchandise C.O.D.
PSC-08-0362-CO-TP	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7006 0810 0000 0167 5421 (Transfer from service tabel)	
PS Form 3811, February 2004 Domestic Return Receipt	

DOCUMENT NUMBER-DATE

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