

RECEIVED-FPSC

08 SEP 15 AM 10:17

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 080231

Tallahassee Community College
 Dr. Glendon Forgey
 444 Appleyard Drive
 Tallahassee FL 32304-2815

PSC-08-0569-CD-TC

2. Article Number 7006 2760 0003 8797 8284
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1840

COMPLETE THIS SECTION ON DELIVERY

<input checked="" type="checkbox"/> <u>Alona Wells</u>		<input type="checkbox"/> Agent
		<input type="checkbox"/> Addressee
B. Received by (Printed Name) <u>A Wells</u>	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes		
If YES, enter delivery address below: <input type="checkbox"/> No		

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.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

DOCUMENT NUMBER-DATE
08606 SEP 15 08
 FPSC-COMMISSION CLERK