

RECEIVED-FPSC

08 SEP 11 PM 12:40

COMMISSION  
CLERK

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>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
1. Article Addressed to: <b>080340</b>  SeaCoast Communications, L.L.C P. O. Box 422 Destin FL 32540-0422  <b>PSC-08-0569-CO-TC</b>	<p><i>[Signature]</i></p> <p><b>DOUG KAYAN 9/8/08</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Number (Transfer from service label)	<b>7006 2760 0003 8797 8277</b>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

08482 SEP 11 8

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