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COMMISSION
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SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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 <i>Janet C. Morris</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 080701-TP comp el Verizon Florida LLC David Christian, Vice President Regulatory 106 East College Avenue, Suite 710 Tallahassee, Florida 32301-7721	E. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <i>JANET C. MORRIS</i> <i>12-16-8</i>
2. Article Number (Transfer from service label)	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	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
	7006 2760 0003 8797 7263 Domestic Return Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE

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