


RECEIVED-FPSC

09 MAY -6 AM 11:21

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>	A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
AT&T Florida Greg Follensbee Executive Director, Regulatory Relations 150 S Monroe St Suite 400 Tallahassee, FL 32301-1561	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
090258-TP                      0412-09	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004	7006 0810 0002 3487 5841 Domestic Return Receipt                      102505-02-M-1540	

DOCUMENT NUMBER-DATE

04318 MAY-6 8

FPSC-COMMISSION CLERK