

RECEIVED-FPSC
15 JUN 18 AM 9:18
COMMISSION
CLERK

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>[Handwritten Signature]</i>	
1. Article Addressed to: <i>150131-TX</i> <i>PSC-15-0237-CO-TX</i> Marco Island Cable, Inc. P. O. Box 368 Marco Island FL 34146-0368		B. Received by (Printed Name) <i>Roberta Whitman</i>	C. Date of Delivery <i>6/9/15</i>
		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	
2. Article Number (Transfer from service label)		7011 3500 0001 5977 6529	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

