

CERTIFIED MAIL

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4145 4771

ORIGINAL

(F)

(34)

Paycom, Inc.
Felix Fernandez
3751 N.W. 95th Avenue
Hollywood FL 33024-8158

<input type="checkbox"/> REFUSED	<input type="checkbox"/> UNCLAIMED
<input type="checkbox"/> NO SUCH NUMBER	<input type="checkbox"/> NO MAIL RECEPTACLE
<input type="checkbox"/> NO SUIVE #	<input checked="" type="checkbox"/> FORWARDING ORDER EXP
INITIALS	DATE

For Return (S)

CERTIFIED MAIL
Return Receipt Requested
No. 7000 0600 0026 4145 4771

32399/0850

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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X 001061-7C Agent
 Addressee

D. Is delivery address different from item 1? Yes
address below: No

Paycom, Inc.
Felix Fernandez
3751 N.W. 95th Avenue
Hollywood FL 33024-8158

Express Mail
 Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0600 0026 4145 4771

DOCUMENT NUMBER-DATE

15544 DEC-58

FPSC-RECORDS/REPORTING

APP	CAF	CMP	COM	CTR	ECR	LEG	OPC	PAI	RCO	SEC	SER	OTH
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