

RECEIVED-FPSC

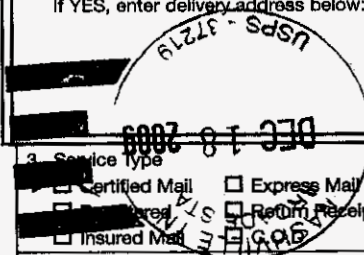
09 DEC 22 AM 9:51

COMMISSION
CLERK

090538-TP

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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>M. Trueba</i></p>
<p>1</p> <p>tw telecom of florida l.p. Ms. Carolyn Ridley 555 Church Street, Suite 2300 Nashville TN 37219-2330</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>M. TRUEBA</i></p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>PS Form 3811, February 2004</p>	<p>3. Service type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Domestic Return Receipt</p>	<p>7006 2760 0003 8796 7837</p>

090538-TP Notice of Complaint



DOCUMENT NUMBER DATE
12159 DEC 22 09
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