

RECEIVED FPSC

10 JUN 21 AM 8:45

COMMISSION
CLERK

100283-TC

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"/> Lutz Ebor Admin <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Address A&Z Communications 19019 Chemille Drive Lutz FL 33558-2843	B. Received by (Printed Name) Lutz Ebor Admin	C. Date of Delivery 6/19
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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.	
100283-TC PSC-10-0394-PAM-TC	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 2760 0003 8796 8476		

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DATE RECEIVED: 6/21/04

5 123 JUN 21 04

FPSC-COMMUNICATIONS