

RECEIVED-FPSC

13 MAR 20 AM 10:12

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>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>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Melinda Kanan</i></p>	
<p>Article Addressed to: <i>120269-WU</i> <i>0870-S4 00790-13</i> <i>754-13</i></p>	<p>B. Received by (Printed Name) <i>Melinda Kanan</i></p>	<p>C. Date of Delivery <i>3/15/13</i></p>
<p>Mr. Michael Smallridge Pinecrest Utilities, LLC P.O. Box 1798 Eaton Park, Florida 33840-1798</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input 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.</p>	
<p>PS Form 3811, February 2004</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<p>7006 2760 0003 8796 9169</p> <p>Domestic Return Receipt 102595-02-M-1540</p>

DOCUMENT NUMBER-DATE

01384 MAR 20 2013

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