

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A- Signature <input checked="" type="checkbox"/> <i>Stephanie Hodges</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>150126-TX</i> <i>PSC-15-0105-PAA-TX</i>	B. Received by (Printed Name) <i>Stephanie Hodges</i>	C. Date of Delivery <i>5-13-15</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Universal Local Exchange Carrier of Florida, LLC 113 South Monroe Street, 1st Floor Tallahassee FL 32301-1529	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.	
2. Article Number (Transfer from service label)	<input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

RECEIVED FPSC  
 15 MAY 14 AM 9:24  
 COMMISSION CLERK