CORRESPONDENCE 12/5/2025 DOCUMENT NO. 15351-2025

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2025 DEC -5 PM 12: 02

COMMISSION

	OUMPLETE THE SECTION OF DELIVEDY
<ul> <li>SENDER: COMPLETE THIS SECTION</li> <li>Complete items 1, 2, and 3.</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> <li>Article Addressed to:</li> <li>Dkt 20240132-TX         Mark Lammert         Prime Fiber, LLC         242 Rangeline Rd.         Longwood, FI. 32750     </li> </ul>	A. Signature  X  Agent Addressee B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  If YES, enter delivery address below:
9590 9402 6460 0346 0130 45  2. Article Number (Transfer from service label)  7015 0640 0001 2060 5102	3. Service Type  □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery □ Collect on Delivery □ Collect on Delivery □ Insured Mail Insured Mail Restricted Delivery □ Insured Mail Insured Mail Restricted Delivery □ Insured Mail Restricted Delivery
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

Confirmation of returned documents that were

Not filed - AT 12/5/25