

ORIGINAL

RECEIVED-FPSC

JAN 21 PM 12:08

COMMISSION
CLERK

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. Received by (Please Print Clearly) <u>Rich Newlin</u> B. Date of Delivery <u>1-14-05</u></p>	
1. Article Addressed to: <u>041146</u>		C. Signature <u>[Signature]</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
TeleConex Mr. Ed Smiley 4100 Barrancas Avenue Pensacola FL 32507-3644		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PSG-04-1244A-PAA-TX		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)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, March 2001		7002 0860 0001 1759 7517 Domestic Return Receipt	
		102595-01-M-1424	

CMP _____
COM _____
CTR _____
ECR _____
GCL _____
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MMS _____
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SCR _____
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DOCUMENT NUMBER-DAT
00764 JAN 21 '05
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