

RECEIVED-FPSC

07 SEP 25 AM 9:21

COMMISSION
CLERK

070448-TI

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"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: 070448	B. Received by (Printed Name) C. Date of Delivery John Hohm 9/24/07	
Quick Connects P. O. Box 3745 Tallahassee FL 32315-3745	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
PSC-07-0738-CO-TI	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	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
(Transfer from service label)	7005 3110 0002 8806 5044	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

08748 SEP 25 07

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