RECEIVED-FPSC

09 MAR 30 PM 3: 45

COMMISSION CLERK

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540;	
2. Article Number (Transfer from service label) 7.006 08	10 0002 3488 1828
12492-09	4. Restricted Delivery? (Extra Fee)
090015-TS	☐ Registered ☐ Refuge Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
Sarasota FL 34236-5826	3. Service Type Screen Mail
1718 Main Street, Suite 300	PP 27
Digital Community Networks, Inc. 🌷	MR 1971
· · · · · · · · · · · · · · · · · · ·	WILLIAM
1. Article Addressed to:	If YES, enter delivery address below:
or on the fraction space permits.	D. Is delivery address different from Item 1? Yes
so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Addressee
Complete items 1, 2, and 3. Also complete	A. Signature
SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY

PSC-09-011de-PAA-TS

DOCUMENT NUMBER-DATE