

RECEIVED-FPSC

11 JUN 22 AM 10:18

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. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 6/20</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Incline Communications, Inc. 715 W. US Highway 92 Seffner FL 33584-3513</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>110143-T1 PSC-11-0260-PRA TI</u> ^{DW}</p>	<p>7009 3410 0002 4112 6068</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102565-02-10-0000</p>	

DOCUMENT NUMBER-DATE

04296 JUN 22 =

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