

RECEIVED - FPSC

11 NOV 16 PM 1:49

COMMISSION
CLERK

SENDER		RECIPIENT	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p>AT&T Florida Gregory R. Follensbee, Executive Director – Regulatory Relations 150 South Monroe Street, Suite 400 Tallahassee, Florida 32301</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Robyn Yount</i> <i>11/14/2011</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p><i>110306-TP Complaint.mas</i></p> <p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		<p>7009 3410 0002 4112 7355</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 10296-02-M-1540</p>	

DOCUMENT NUMBER DATE

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