

RECEIVED-FPSC

13 JUN -3 AM 8:54

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>130106.TX</p> <p>Atlantic.Net Broadband, Inc. 440 Kennedy Blvd., Suite 3 Orlando, FL 32810-6277</p> <p>PSC-13-0224-PAA-TX</p>	<p>B. Received by (Printed Name) JOSE VELAZQUEZ</p>	<p>C. Date of Delivery 5/31/13</p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>	<p>3. Service Type <input 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7010 0780 0002 2867 8895</p> <p>Domestic Return Receipt 102595-02-M-1540</p>	

DOCUMENT NUMBER-DATE

03019 JUN-3 2013

FPSC-COMMISSION CLERK