

RECEIVED-FPSC

13 DEC -5 AM 9:25

COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	A. Signature <input checked="" type="checkbox"/> Brenda Murphy <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <b>130000-OT</b> <b>DNS 02854-10; 02856-10; 03054-10;</b> <b>03560-10</b>	B. Received by (Printed Name) C. Date of Delivery <b>Brenda Murphy 12-5-13</b>
REBECCA A EDMONDSTON VERIZON STATE GOVERNMENTAL AFFAIRS 106 E COLLEGE AVE STE 710 TALLAHASSEE FL 32301	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input type="checkbox"/> No
2. Article Number (Transfer from service label)	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.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7011 3500 0001 5979 4301 Domestic Return Receipt 102595-02-M