

ORIGINAL

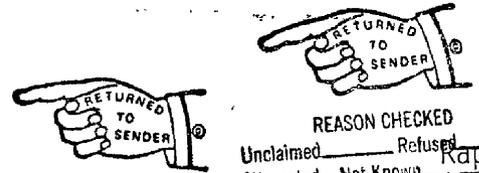
CERTIFIED MAIL

State of Florida  
Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



RETURN TO SENDER  
7002 0860 0001 MOVED, LEFT NO ADDRESS



MOVED, LEFT NO ADDRESS

REASON CHECKED  
Unclaimed \_\_\_\_\_ Refused \_\_\_\_\_  
Attempted - Not Known \_\_\_\_\_  
No such office \_\_\_\_\_  
No such office in state \_\_\_\_\_  
Do not remail in this envelope \_\_\_\_\_  
ROCHESTER, MN 55901

RapTel Communications, LLC  
111 South Broadway, Suite 301  
Rochester MN 55904-6511



SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 020736

RapTel Communications, LLC  
111 South Broadway, Suite 301  
Rochester MN 55904-6511

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature \_\_\_\_\_  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7002 0860 0001 1755 4473

Return Receipt 102595-01-M-1424

PSC 02-1443-AAA-TL

DOCUMENT NUMBER DATE

11926 OCT 31 8

FPSO-COMMUNICATIONS CLERK

