

エ 2100 0600 0026 4144 4215

**CERTIFIED MAIL**

State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 4215

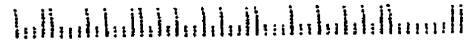
*P.W.O.*

ComPlus, L.L.C. of Texas  
Ms. Kristina Fincher  
2100 North Highway 360, Suite 1904  
Grand Prairie TX 75050

COMP100\* 750502045 1899 32 01/26/01  
FORWARD TIME EXP RTN TO SEND  
: COMPLUS  
PO BOX 5508  
WAYLAND MA 01778-6508

RETURN TO SENDER

75050-3024-40-50



**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.

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

**X** *601324-TI*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
address below:

ComPlus, L.L.C. of Texas  
Ms. Kristina Fincher  
2100 North Highway 360, Suite 1904  
Grand Prairie TX 75050

Express Mail  
Return Receipt for Merchandise  
 C.O.D.

4 Restricted Delivery? (Extra Fee)  Yes

2 Article Number (Copy from service label)

*7000 0600 0026 4144 4215*

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

DOCUMENT NUMBER-DATE  
**01457 JAN 31 03**  
FPSC-RECORDS/REPORTING

*001324-TI  
PSC-01-0045-PAA-TI*