

ORIGINAL

CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0800



7002 0860 0001 1755 6118

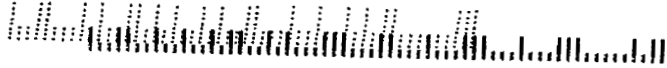
ENCLOSURE
NORTH PORT FL 34287-9998

1ST NOTICE 12/4/02
2ND NOTICE 12/4/02
RETURN 12/19/02
01 05 03

Par Com Communications
209 Cornell Street
Sarasota FL 34237-3413

PARC049 342373023 1001 07 12/02/02
NOTIFY SENDER OF NEW ADDRESS
: PARCOM COMMUNICATION
PO BOX 7070
NORTH PORT FL 34287-0070

34237+3413 04 2002



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: 020792

Par Com Communications
2049 Cornell Street
Sarasota FL 34237-3413

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X Agent
 Addressee

D. Is delivery address different from item 1?
If YES, enter delivery address below: Yes
 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 6118

JAN 10 2003

00337 JAN 10 8

FPSC-COMMUNICATIONS CLERK

AVS
CAF
CMP
COM
CTR
EGR
GCL
OPC
MMS
SEC
OTH