

CERTIFIED MAIL

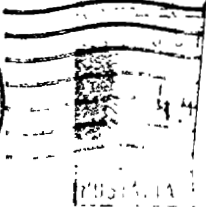
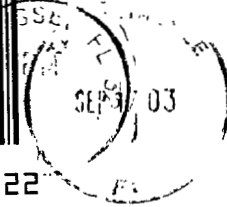
State of Florida

# Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7002 0860 0001 1755 6422



*Handwritten:* Day...  
*Stamp:* GREEN

Swiftphone  
P. O. Box 3961  
Seminole FL 33775-3961

- 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: **030664**

Swiftphone  
P. O. Box 3961  
Seminole FL 33775-3961

2. Article Number  
(Transfer from service label)

7002 0860 0001 1755 6422

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

C. Signature

**X**  Agent  Addressee

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

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

4. Restricted Delivery? (Extra Fee)  Yes

AUS  
CAF  
CMP  
COM  
CTR  
EGR  
GCL  
OPC  
MWS  
SEC  
OTH

DOCUMENT NUMBER-DATI

09150 SEP 24 8

FPSC-COMMISSION CLERK

ORIGINAL