

ORIGINAL

RECEIVED-F

05 JUN -3 P 12:53

COMMISSION
CLERK

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:

050180

Tiburon Telecom, Inc.
1630-C Old Bainbridge Road
Tallahassee FL 32303-5335

PAA-

2. Article Number

(Transfer from service)

7002 0860 0001 1760 9760

PS Form 3811, March 2001

Domestic Return Receipt

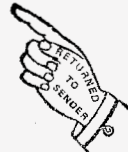
102595-01-M-1424

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

7002 0860 0001 1760 9760



ATTEMPTED
NOT KNOWN

Tiburon Telecom, Inc.
1630-C Old Bainbridge Road
Tallahassee FL 32303-5335

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:

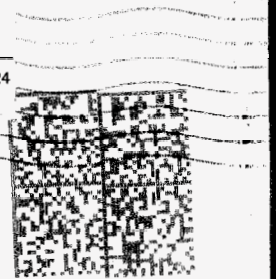
- Yes
- No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

- Yes



US POSTAGE
Mailed From 32399
05/24/2005
\$04.420
047J82004132

32303-5335



DOCUMENT NUMBER - DATE

05405 JUN -3 06

PSC-05-0573-PAA-71

- CMP
- COM
- CTR
- ECR
- GCL
- OPC
- MMS
- RCA
- SCR
- SEC
- OTH