

PSC-05-1203-PAA-TV
RECEIVED-FPSC

05 DEC 21 PM 1:47

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: **050616**

DV2, Inc.
P. O. Box 72973
Atlanta GA 30007-2973

PAA

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? 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

2. Article Number (Transfer from service label) **7004 1160 0004 5750 7155**

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

State of Florida
Public Service Con

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

7004 1160 0004 5750 7155 RETURN TO SENDER UNABLE TO FORWARD
1st NOTICE _____
2nd NOTICE _____
RETURN _____

DV2, Inc.
P. O. Box 72973
Atlanta GA 30007-2973

1st NOTICE _____
2nd NOTICE _____
RETURN _____

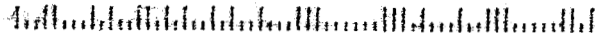


US PO Mailed Fro 12/06 \$04 047J8

DV2I973 300 1 1 N C 24 12/10/05
RETURN TO SENDER

NO FORWARD ORDER ON FILE
UNABLE TO FORWARD
RETURN TO SENDER

32399+7013-403029729



CMP
COM
CTR
ECR
GCL
OPC
RCA
SCR
SGA
SEC
OTH

DOCUMENT NUMBER-DATE
11794 DEC 21 08
FPSC-COMMISSION CLERK