

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:

PSC-05-1258

050784

US Connect
12399 West Dixie Highway
North Miami FL 33161-5428

PAA

2. Article Number

(Transfer from service label)*

7004 1160 0004 5751 0698

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

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

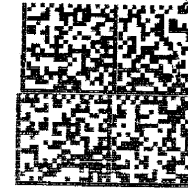
C. Signature Agent
X Addressee

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

3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes



9-NVR 84100
047J82004132
DOCUMENT NUMBER 07
\$04.880
12/27/2005
Mailed From 32399
US POSTAGE

**State of Florida
Public Service Commission**

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

050784-TI
ORIGINAL

US Connect
12399 West Dixie Highway
North Miami FL 33161-5428

MOVED, LEFT
NO ADDRESS

MOVED, LEFT
NO ADDRESS

CMP | COM | CTR | ECR | GCL | OPC | RCA | SCR | SGA | SEC | OTH

VACANT