



7004 1161

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: 050727
PSC-05-1258

1 Com South, Inc.
 310 South Street
 Plainville MA 02762-1547

AAA

2. Article Number (Transfer from service label) 7004 1160 0004 5751 0391

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
 Addressee

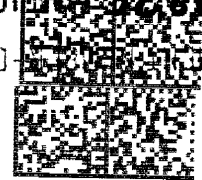
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

PS-COMMISSION CLEAR

0038 96300



047J82004

\$04.88

12/27/2001

Mailed From 32
US POSTAL

DU 00236-06

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

Psc-05-1258
 050727-II

1 Com South, Inc.
 310 South Street
 Plainville MA

**MOVED, LEFT
 NO ADDRESS**

**MOVED, LEFT
 NO ADDRESS**

CMP
 COM
 CTR
 ECR
 GCL
 OPC
 RCA
 SCR
 SGA
 SEC
 OTH