

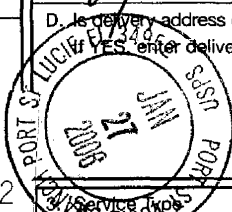
ORIGINAL

RECEIVED-FPSC

06 JAN 30 AM 10:59

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Received by (Please Print Clearly) VICTOR GRAHAM</p> <p>B. Date of Delivery</p>
<p>1. Article Addressed to: 050714</p> <p>Global Dialtone, Inc. P. O. Box 7912 Port St. Lucie FL 34985-7912</p> <p>PSC-06-0051-CO-TI</p>	<p>C. Signature <i>[Signature]</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>YES, enter delivery address below:</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
	<p>7004 1160 0004 5751 1732</p>



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

DOCUMENT NUMBER-DATE

00859 JAN 30 08

FPSC-COMMISSION CLERK