

ORIGINAL

RECEIVED-FPSC
FEB -6 PM 3:13

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: 050695

BayComm Services, Inc.
37154 McConnell Lane
Dade City FL 33525-8602

PSC-06-0037-W-TL

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
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

2. Article Number (Transfer from service label) 7004 1160 0004 5751 1183

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

7004 1160 0004 5751 1183



047J82004132
\$04.640
01/12/2006
Mailed From 32399
US POSTAGE

BayComm Services, Inc.
37154 McConnell Lane
Dade City FL 33525-8602

JLL
1-14-06

1/14/06
1-27
1-30

33525-8602-54 32399/0850

CMP
COM
CTR
ECR
GCL
OPC
RCA
SCR
SGA
SEC
OTH

DOCUMENT NUMBER - DATE
01038 FEB-6 08
FPSC-COMMISSION CLERK