

ORIGINAL

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: 050729

Vanilla Inc.
8260 Greensboro Drive, Suite 110
McLean VA 22102-3896

PSC-06-0051-00-TI

2. Article Number
(Transfer from service)

7004 1160 0004 5751 1473

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 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

Return Receipt 102595-01-M-1424

DOCUMENT NUMBER - DATE
01455 FEB 20 06
FPSC-COMMISSION CLERK

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



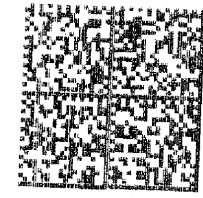
7004 1160 0004 5751 1473

Vanilla Inc.
8260 Greensboro Drive, Suite 110
McLean VA 22102

RETURNED TO SENDER
Unclaimed - No such address
No such street address
Do not return in this envelope
REASON FOR RETURN
- Insufficient address
- Incorrect address
- Refused
- No such street address
- No such address
- No such office
- No such number

1ST NOTICE
2ND NOTICE 2/1/06
RETURN 2/7/06

047JB2004132
\$04.64
01/20/2006
Mailed From 32399
US POSTAGE



OMP
COM
CTR
ECR
GCL
OPC
RCA
SCR
SGA
SEC
OTH