

RECEIVED-FPSC

06 MAY 12 PM 3:27

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: **060063**

Clear Breeze Telecommunications of Florida, In
7784 Reynolds Road, Suite 16
Mentor OH 44060-5321

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

PSC-06-0342-PAA-TX

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 **7004 1160 0004 5750 9326**
(Transfer from service label)

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 5750 9326



- A INSUFFICIENT ADDRESS
- C ATTEMPTED NOT KNOWN OTHER
- S NO SUCH NUMBER/ STREET
- NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD

RTS
RETURN TO SENDER

In

US POSTAGE
Mailed From 32399
04/24/2006
\$04.640
047J82004132

DOCUMENT NUMBER-DATE

04176 MAY 12 08

FPSC-COMMISSION CLERK

ORIGINAL

CMP
COM
CTR
ECR
GCL
OPC
RCA
SCR
SGA
SEC
OTH