FPSC-COMMISSION OLERK

BBCUMFAT NUMBER-DATE

90

8909

☐ Agent

□ Addressee

B. Received by (Printed Name)

D. Is delivery address different from item 17 If YES, enter delivery address below:

3. Service Type

X

Certified Mail ■ Express Mail

Registered

Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee)

☐ Yes

PSC-06-0533-PAA-TI

SENDER: COMPLETE THIS SECTION

or on the front if space permits.

Mercury Telco Group, Inc. 1215 West Newport Center Drive Deerfield Beach FL 33442-7738

1. Article Addressed to:

■ Complete items 1, 2, and 3. Also complete

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,

066373

item 4 if Restricted Delivery is desired.

2. Article Number (Transfer from service label)

7004 1160 0004 5751 4122

State of Florida PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

Public Service Commissi

2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850 7004 1140 0004 5751 4122



US POSTAGE

Mercury Telco Group. Inc. 1215 West Newport Center Drive Deerfield Beach FL 33442-7738

CTR ECR SC. SEC