

RECEIVED-FPSC

06 JUL 31 PM 3:21

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: 060465

Harbour Payphones  
P. O. Box 126  
Tallevast, FL 34270-0126

2. Article Number

PSC-06-0614-PAR-TC

**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  
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

7004 1160 0004 5751 3699

State of Florida

PS Form 3811, March 2001

Domestic Return Receipt

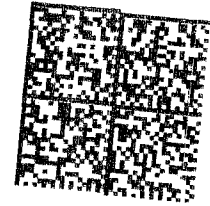
102595-01-M-1424

**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7004 1160 0004 5751 3699



USPS

Mailed From 32399  
07/20/2006  
**\$04.640**  
047J82004132  
US POSTAGE

- Not Delivered
  - Unable to Forward Address
  - Insufficient Address
  - Moved, Left No Address
  - Unclaimed
  - Attempted - Not Known
  - No Such Street
  - Vacant
  - No Mail Receptacle
  - Box Closed - No Content
  - Returned for Better Address
  - Postage Due
- Harbour Payphones  
P. O. Box 126  
Tallevast, FL 34270-0126

ORIGINAL

CMP  
COM  
CTR  
ECR  
GCT  
OPC  
RCA  
SCR  
SGA  
SEC  
OTH

DOCUMENT NUMBER-DATE

06834 JUL 31 98

FPSC-COMMISSION CLERK