

RECEIVED-FPSC

06 AUG 15 AM 11:57

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:

060466

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

EFFECTEL CORP  
 3400 Galt Ocean Drive, Suite 1601S  
 Ft. Lauderdale FL 33308-7000

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 9005

(Transfer from service label)

State of Florida PS Form 3811, February 2004

Domestic Return Receipt

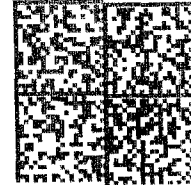
102595-02-M-1540

Public Service Commission

2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850



7004 1160 0004 5750 9005



usps

Mailed From 32399  
 US POSTAGE

07/20/2006  
 \$04.640

047J82004132

RETURNED TO SENDER  
 UNCLAIMED  
 7/22  
 1:27  
 8:6

EFFECTEL CORP  
 3400 Galt Ocean Drive, Suite 1601S  
 Ft. Lauderdale FL 33308-7000

ORIGINAL

DOCUMENT NUMBER - DATE

07309 AUG 15 98

FPSC - COMMISSION CLERK

CMP  
 COM  
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