

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: 060469

Tele Com. Corp.
P. O. Box 266797
Weston FL 33326-6797

2. Article Number
(Transfer from service label)

PSC-06-0618-PAA-TC

7004 1160 0004 5751 2326

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature
X 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

ORIGINAL

State of Florida

Form 3811, March 2001

Domestic Return Receipt

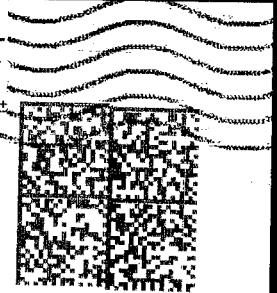
102595-01-M-1424

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7004 1160 0004 5751 2326



Repost

RETURNED TO SENDER

REASON CHECKED

Unclaimed Refused

Attempted Not known

Insufficient Address

No such street number

No such office in state

Do not re-mail in this envelope

Tele Com. Corp.
P. O. Box 266797
Weston FL 33326-6797

NAME _____

1st Notice 7-22

2nd Notice 7-27

Return 8-7

US POSTAGE

Mailed From 32399

07/20/2006

\$04.640

047J82004132

CMP

COM

CTR

ECR

GCL

OPC

RCA

SCR

SGA

SEC

OTH

DOCUMENT NUMBER - DATE

07311 AUG 15 98

FPSC-COMMISSION CLERK