

ORIGINAL

RECEIVED-FPSC

05 AUG 21 PM 12:39

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  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

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 (Transfer from service label) PSC-06-0702-CO-TC 7005 1160 0003 8789 5802

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



7005 1160 0003 8789 5802

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



107082004152

\$04.640

08/15/2006

Mailed From 32399  
US POSTAGE

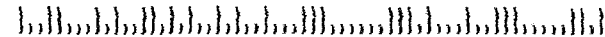
P-17  
 FIRST NOTICE  
P-22  
 SECOND NOTICE

NIXIE 339 1 07 08/18/06

RETURN TO SENDER  
 NOT DELIVERABLE IN ADDRESSED  
 UNABLE TO FORWARD

BC: 32399701940 \*2906-09205-18-15

323997019



CMP  
 COM  
 CTR  
 ECR  
 GCL  
 OPC  
 RCA  
 SCR  
 SGA  
 SEC  
 OTH

DOCUMENT NUMBER - D

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FPSC-COMMISSION CL