

ORIGINAL

RECEIVED - FPSC

00 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*

WEB-stations, Inc.
716 Wesley Avenue, Suite 14
Tarpon Springs, FL 34689-6799

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X 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

PS-C-06-0702-CO-TC

2. Article Number (Transfer from service label) **7005 1160 0003 8789 5383**

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 5383

047J82004132

\$04.64

08-13-2006

Mailed From 32399

US POSTAGE

*MELVA
8/8-17*

WEB-stations, Inc.
716 Wesley Avenue, Suite 14
Tarpon Springs, FL 34689-6799

32399/0850



CMP
COM
CTR
ECR
GCL
OPC
RCA
SCR
SGA
SEC
OTH

DOCUMENT NUMBER - DATE

07564 AUG 21 08

FPSC-COMMISSION CLERK