

RECEIVED 11:10
06 AUG 21 PM 12:09
COMMISSIONER
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: 060467

Coastal Connections
P. O. Box 629
Jennings FL 32053-0629

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

PSC-06-0616-PAA-TX

2. Article Number 7004 1160 0004 5751 3545
(Transfer from service label)

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 3545

Coastal Connections
P. O. Box 629
Jennings FL 32053-0629

**NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD**

047362004192
\$04.640
07/20/2006
US POSTAGE
Mailed From: 32399

3-22
3-29
84

ORIGINAL

DOCUMENT NUMBER - DATE
07565 AUG 21 8
FPSC-COMMISSION CLERK

CMP	COM	CTR	SCR	GCL	OPC	RCA	SCR	SGA	SEC	OTH
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