

ORIGINAL

RECEIVED FPSC

06 AUG 23 AM 9:36

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) NORTH SHORE TEL</p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to: <u>060465-TC</u></p> <p>Penn Boys Legend Telecom, Inc P. O. Box 3661 Hollywood, FL 33083-3661</p> <p><u>75C-06-0702-CO-TC</u></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p><u>7005 1160 0003 8789 5864</u></p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

MP _____
 OM _____
 TR _____
 CR _____
 CL _____
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 CA _____
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DOCUMENT NUMBER-DATE

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