

ORIGINAL

RECEIVED-FPSC

06 AUG 23 AM 9:36

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: 060409-TC

K.C.S. Communications, Inc.
4800 Gandyne Court
Naples, FL 34106-5646

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No
[Signature]
8/17/06

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PSC-06-0695-CO-TC

2. Article Number (Transfer from service label) 7005 1160 0003 8789 5581

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

- DMP _____
- COM _____
- CTR _____
- ECR _____
- BCL _____
- DPC _____
- RCA _____
- ICR _____
- IGA _____
- IEC T
- OTH _____

DOCUMENT NUMBER-DATE

07663 AUG 23 06

FPSC-COMMISSION CLERK