

RECEIVED FPSC

06 AUG 28 PM 3:40

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: 060462

Colmena Corp. of Delaware
6499 N.W. 9th Avenue, Suite 304
Ft. Lauderdale, FL 33309-2043

PSC-06-0705-CG-TX

2. Article Number (Transfer from service label) 7005 1160 0003 8789 5185

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 No
If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

ORIGINAL

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

PS Form 3811, March 2001

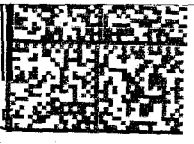
Domestic Return Receipt

102595-01-M-1424

047J82004132



7005 1160 0003 8789 5185



RESPONSE

\$04.640

08/15/2006

Mailed From 32399
US POSTAGE

Colmena Corp. of Delaware
6499 N.W. 9th Avenue, Suite 304
Ft. Lauderdale, FL 33309-2043

CMK

REASON CHECKED

Declined Refused

Addressed to wrong person

Insufficient Address

No valid zip code

No valid state

Do not return to this service

DOCUMENT NUMBER - DATE
07888 AUG 28 08
FPSC-COMMISSION CLERK

CMP
COM
CTR
ECR
GCL
OPC
RCA
SCR
SGA
SEC
OTH