

RECEIVED FPSC

06 AUG 30 PM 3:29

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: **060466-TI**

DialEZ Inc.
610 Sycamore Street, Suite 225
Celebration, FL 34747-4996

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature 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-06-0701-CO-II

2. Article Number (Transfer from service label) **7005 1160 0003 8789 6946**

State of Florida

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

047J82004182

Public Service Commisss

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7005 1160 0003 8789 6946



\$04.640
08/30/2006
Mailed from 32399
US POSTAGE

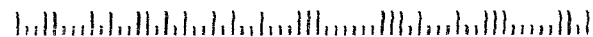
DialEZ Inc.
610 Sycamore Street, Suite 225
Celebration, FL 34747-4996

NIXIE 327 1 24 08/24/06

RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD

BC: 32399701940 *0939-05044-15-45

347474996



ORIGINAL

DOCUMENT NUMBER DATE

07979 AUG 30 8

FPSC-COMMISSION CLERK

CMP
COM
CTR
EDR
GCL
OPC
RCA
SCR
SGA
SEC
OTH