

ORIGINAL

RECEIVED-FPSC

06 SEP -7 AM 11:28

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: 060465

E-Z Phone, Inc.
P. O. Box 141341
Coral Gables, FL 33114-1341

2. Article Number
(Transfer from service label)

PSC-04-0614-PAA-TC

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

7004 1160 0004 5751 2180

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

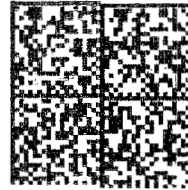
RETURN TO SENDER / DO NOT FORWARD

7004 1160 0004 5751 2180

E-Z Phone, Inc.
P. O. Box 141341
Coral Gables, FL 33114-1341



REASON CHECKED
Unclaimed Refused
Attempted Not known
Insufficient Address
No such street number
No such office in state
Do not re-mail in this envelope



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

047J82004132

32399/0850

CMP
COM
CTR
ECR
GCL
OPC
RCA
SCR
SGA
SEC
OTH

DOCUMENT NUMBER - DATE

08194 SEP -7 98

FPSC-COMMISSION CLERK