

ORIGINAL

RECEIVED FPSC

05 SEP -8 PM 1:05

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

~~EFFE~~CTEL CORP
3400 Galt Ocean Drive, Suite 1601S
Ft. Lauderdale, FL 33308-7000

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

P5C-06-0701-00-TI

2. Article Number 7005 1160 0003 8789 7059
(Transfer from service label)

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

PS Form 3811, March 2001

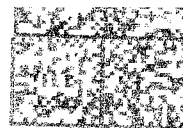
Domestic Return Receipt

102595-01-M-1424

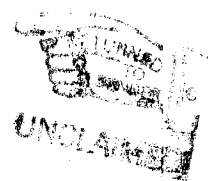
~~7005 1160 0003 8789 7059~~
7005 1160 0003 8789 7059

~~EFFE~~CTEL CORP
3400 Galt Ocean Drive, Suite 1601S
Ft. Lauderdale, FL 33308-7000

1 NAME
2nd Notice 17
2nd Notice
Return



\$04.640
08/15/2006
Billed From: 02398
US POSTAGE



CMP
CCM
CTR
ECR
GCL
GFC
RCA
SCR
SGA
SEC
OTM

DOCUMENT NUMBER - DATE

08223 SEP -8 08

FPSC-COMMISSION CLERK