

RECEIVED PSC

06 SEP 25 AM 11:19

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-TC

DNL Telephone Co.
5563 Chipper Lane
Pace, FL 32571-9375

PSL-06-0702-CO-TC

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

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

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

2. Article Number 7005 1160 0003 8789 5420
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

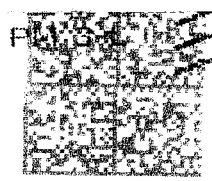
State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7005 1160 0003 8789 5420



08/15/2006
Mailed From 32399
US POSTAGE

8/15
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DNL Telephone Co.
5563 Chipper Lane

UNCLAIMED

32399/0850

DOCUMENT NUMBER-DATE

08832 SEP 25 06

FPSC-COMMISSION CLERK

ORIGINAL

CMP
COM
CTR
ECR
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