

ORIGINAL

RECEIVED

06 DEC 27 PM 2:17

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, on the front if space permits.

1. Article Addressed to: **060623**

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature: **X**  Agent  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

**PSC-06-0955-PA-A-TX**

2. Article Number  
(Transfer from service label)

**7005 1160 0003 8789 7318**

State of Florida

PS Form 3811, February 2004

Domestic Return Receipt

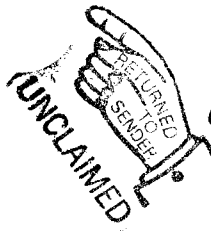
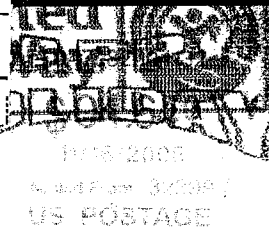
102595-02-M-1540

**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



**7005 1160 0003 8789 7318**



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

NAME EFFECTEL CORP  
1st Notice 11-22  
2nd Notice \_\_\_\_\_  
Return \_\_\_\_\_

DOCUMENT NUMBER-DATE

11791 DEC 27 98

FPSC-COMMISSION CLERK

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