

ORIGINAL

RECEIVED FPSC

07 JAN -3 AM 9:48

COMMISSION  
CLERK

060620-TX

**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: 060620

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee  
**X**
- 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

CariLink International, Inc.  
9550 Bay Harbor Terrace, Suite 215  
Bay Harbor Island FL 33154-2024

PSC-06-1029-CO-TC

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 7004 1160 0004 5751 3507  
(Transfer from service la)

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



7004 1160 0004 5751 3507 RETURN TO SENDER UNABLE TO DELIVER



12/12/2006

Mailed From 32399  
US POSTAGE

CariLink International, Inc.  
9550 Bay Harbor Terrace, Suite 215  
Bay Harbor Island FL 33154-2024

MINA  
2/14/06

32399/0850

33154-2024

CMP \_\_\_\_\_  
 COM \_\_\_\_\_  
 CTR \_\_\_\_\_  
 ECR \_\_\_\_\_  
 GCL \_\_\_\_\_  
 OPC \_\_\_\_\_  
 RCA \_\_\_\_\_  
 SCR \_\_\_\_\_  
 SGA \_\_\_\_\_  
 SEC 1  
 OTH \_\_\_\_\_

DOCUMENT NUMBER - DATE

00041 JAN-3 06

FPSC-COMMISSION CLERK