

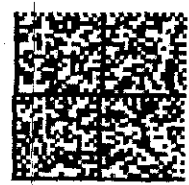
CERTIFIED MAIL™

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7006 2760 0003 8797 8635



NEWPOST

047J82004132
\$05.490
09/08/2008
Mailed From 32399
US POSTAGE

RECEIVED-PPSC
08 SEP 23 AM 9:03

COMMISSION
CLERK

ZinTel
P. O. Box 542
Central Square NY 13036-0542

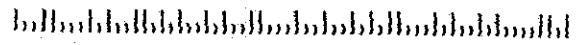
[Handwritten signature]

NIXIE 130 SE 1 06 09/18/08

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 32399085099 *0938-02396-08-45

13036-0542-4 323990850



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to: <u>080385</u></p> <p>ZinTel P. O. Box 542 Central Square NY 13036-0542</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number: <u>PSC-08-0577-CO-TI</u> (Transfer from service label)</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7006 2760 0003 8797 8635</p>	

DOCUMENT NO. DATE
08964-08 09 23 08
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