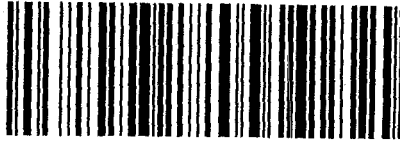


CERTIFIED MAIL™

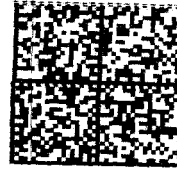
State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7006 2760 0003 8797 8901



047J82004132

\$05.320

09/16/2008

Mailed From 32399
US POSTAGE

RECEIVED-FPSC
08 OCT -7 PM 12:14
COMMISSION CLERK

Laser Telecom
Mr. Raymond M. Chauncey
P. O. Box 16480
Fernandina Beach FL 32035-3125

9/19

UNCLAIMED

1st NOTICE
2nd NOTICE 9/29
RETURNED 10/14

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: 020421</p> <p>Laser Telecom Mr. Raymond M. Chauncey P. O. Box 16480 Fernandina Beach FL 32035-3125</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>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>PSC-08-0595-CO-TS</p> <p>2. Article Number (Transfer from service label) 7006 2760 0003 8797 8901</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811 Return Receipt 102595-02-M-1540</p>	

DOCUMENT NUMBER-DATE

09455 OCT-7 8

FPSC-COMMISSION CLERK