

State of Florida

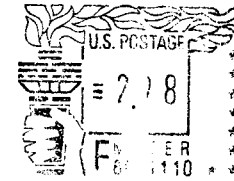
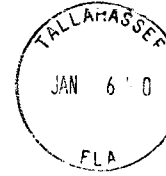
# Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

ORIGINAL

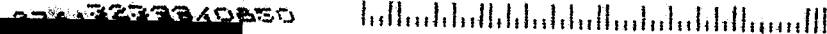
MOVED NOT FORWARDABLE  
27604-9998

MOVED NOT FORWARDABLE  
27604-9998



DebitCom, Inc.  
Glen Day  
2801 Spring Forest Road  
Raleigh NC 27616

CERTIFIED MAIL  
Return Receipt Requested  
No. 00-019



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

0219  
0040

Thank you for using Return Receipt Service.

3. Article Addressed to: 991587

4a. Article Number, 00-019

DebitCom, Inc.  
Glen Day  
2801 Spring Forest Road  
Raleigh NC 27616

Certified

Insured

and/or  COD

(Only if requested)

6. Signature: (Addressee or Agent)  
X

and fee is paid

DOCUMENT NUMBER - DATE

00607 JAN 13 8

PPSC-RECORDS/REPORTING

