

**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: **001323**

**COMPLETE THIS SECTION ON DELIVERY**

A Received by (Please Print Clearly) B. Date of Delivery

C Signature  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below  No

Independent Network Services  
Peter Stazzone  
5050 North 19th Avenue, Suite 417  
Phoenix AZ 85015-3209

- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2 Article Number (Copy from service label)  
**7000 0600 0026 4144 7643**

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

APP  
CAF  
CMP  
COM  
CTR  
ECR  
LEG  
OPC  
PAI  
RGO  
SEC  
SER  
OTH

DOCUMENT NUMBER-DATE  
**00609 JAN 16**  
EPSC RECORD REPORTING

**VERIFIED MAIL**

State of Florida

**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 7643

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001323-  
**ORIGINAL**  
01-0001-PAA

INDE050 850152296 1100 13 01/10/01  
FORWARD TIME EXP RTN TO SEND  
INDEPENDENT NETWORK  
800 W FLINT ST  
CHANDLER AZ 85225-4423

