

**CERTIFIED MAIL**

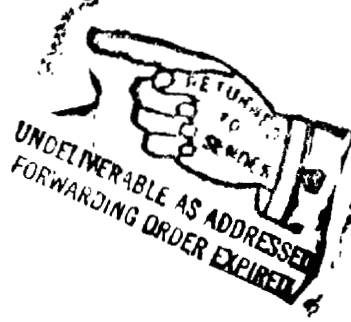
State of Florida

**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 4222



Payless Communications, Inc.  
Michael Osmon  
1820 East First Street, Suite 200  
Santa Ana CA 92705-4028

*PK*

**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. Payless Communications, Inc.  
Michael Osmon  
1820 East First Street, Suite 200  
Santa Ana CA 92705-4028

**COMPLETE THIS SECTION ON DELIVERY**

- A. Received by (Please Print Clearly) B. Date of Delivery
- 
- C. Signature  Agent  
**X** *001314-TI*  Addressee
- D. Is delivery address different from item 1?  Yes  
ess below.  No

*01737-01*  
*2/7/01*

*001314-TI*  
*-0045-PAA*

2. Article Number (Copy from service label)

*7000 0600 0026 4144 4222*

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

*01737-01*