

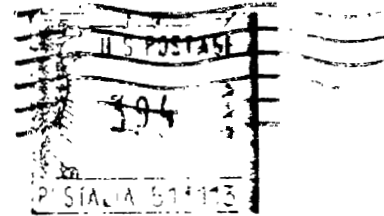
CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



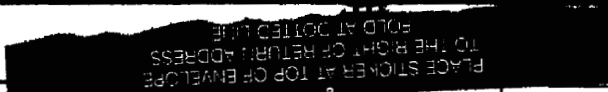
7000 0600 0026 4144 4420



SUMMIT Teleservices, Inc.
Shariann Pensmith
P. O. Box 12510
Charleston SC 29422-2510

Handwritten: K2790 FWD

29412
Attempted Not Known
Insufficient Address
Forwarding Time Expired
Moved Left No Address
No Postage in This Envelope
POSTAGE DUE



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS SOLD AT POSTED RATE

Printed 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 010865

4a. Article Number

SUMMIT Teleservices, Inc.
Shariann Pensmith
P. O. Box 12510
Charleston SC 29422-2510

- Certified
- Insured
- Merchandise COD

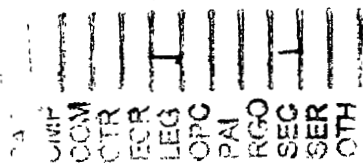
Address (Only if requested)

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.



DOCUMENT NUMBER-DATE

13650 OCT 29

FPSC-COMMISSION CLERK

ORIGINAL

2047-PAA

010865-TI