

ORIGINAL

State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850

CERTIFIED MAIL



7002 0860 0001 1755 4572

1ST NOTICE 10/26/02  
 2ND NOTICE 10/27/02  
 RETURN 11/19/02

PARCOM Communications, Inc.  
 2049 Cornell Street  
 Sarasota FL 34237-3413

PARCO49 342371013 1001 12 10/25/02  
 NOTIFY SENDER OF NEW ADDRESS  
 : PARCOM COMMUNICATION  
 PO BOX 7070  
 NORTH PORT FL 34287-0070



**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:

020694

PARCOM Communications, Inc.  
 2049 Cornell Street  
 Sarasota FL 34237-3413

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

X

- Agent  
 Addressee

D. Is delivery address different from item 1?  
 If YES, enter delivery address below:

Yes  
 No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

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PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

DOCUMENT NUMBER 0071  
 13228 DEC-4 2002  
 FPSC-30

AUS  
 CAF  
 GAF  
 COM  
 CON  
 EAC  
 GDC  
 GPC  
 NMC  
 SEC  
 OTH