

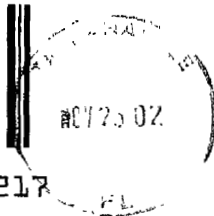
CERTIFIED MAIL

State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7002 0860 0001 1755 6217



Dixon Telecom  
P. O. Box 6881  
Tallahassee FL 32314-6881

DEC 04 2002  
Return 12-19

32314+6881 13

**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: **020816**

Dixon Telecom  
P. O. Box 6881  
Tallahassee FL 32314-6881

2. Article Number  
(Transfer from service label)

7002 0860 0001 1755 6217

**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?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

AUS  
CAF  
CMP  
COM  
CTR  
EGR  
GCL  
OPC  
MMS  
SEC  
OTH  
DOCUMENT NUMBER DATE  
14010 DEC 24 02  
FPSC-COMMISSION CLERK

ORIGINAL