

ORIGINAL

026 AM 10:3

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 that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

031106-TX

Miracle Communications
P. O. Box 50155
Ft. Worth TX 76105-0155

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature Agent
X Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: 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) **7002 0860 0001 1758 7440**

State of Florida
Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

7002 0860 0001 1758 7440

PSC-04-0796 PBA-TX

Miracle Communications
P. O. Box 50155
Ft. Worth TX 76105-0155

UNCLAIMED

APR 18 2004

\$0.41
Mailed From
US POS

MIRA155 761052041 1903 MW 04/02/04
NOTIFY SENDER OF NEW ADDRESS
MIRACLE COMMUNICATIONS
5112 BUSTON WILLOW DR
FORT WORTH TX 76123-2864

DOCUMENT NUMBER-CATE
04844 APR 26 3
FPSC-COMMISSION CLERK

AUS
CAF
CMP
COM
CTR
ECR
GCL
OPC
MMS
SEC
OTH