

ORIGINAL

RECEIVED-FPSC

04 DEC -8 AM 10:46

COMMISSION
CLERK

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: **040 930**

COMPLETE THIS SECTION ON DELIVERY

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

12/29/08

C. Signature

X

F. Casimir

- Agent
- Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

VOICE ONE Telecom
510 N.E. 162nd Street
North Miami Beach FL 33162-4716

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 2223

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

PAA Order PSC-04-1198-PAA-II

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE

12987 DEC -8 3

FPSC-COMMISSION CLERK