

ORIGINAL

RECEIVED-FPSC

04 DEC 27 PM 2:53

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: 040857

Astral Communications
8405 N.W. 29th Street
Miami FL 33122-1924

2. Article Number
(Transfer from service label)

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

047 J82004132

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

RETURN

7002 0860 0001 1758 5439

Astral Communications
8405 N.W. 29th Street
Miami FL 33122-1924

FORWARD ORDER EXPIRED
RETURN TO SENDER

\$04.420
12/15/2004
Mailed From 32399
US POSTAGE

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

PSC-04-1232A-CO-TX

DOCUMENT NUMBER DATE

13506 DEC 27 08

FPSC-COMMISSION CLERK

CMP
COM
CTR
ECR
GCL
OPC
MMS
RCA
SCR
SEC
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