

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

SENDER: COMPLETE THIS SECTION | **COMPLETE THIS SECTION ON DELIVERY**

- 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.

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

C. Signature Agent
 Addressee

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

1. Article Addressed to: 040856

Direct Telephone Company, Inc.
 6300 Richmond, Suite 301
 Houston TX 77057-5927

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 5422

ORIGINAL

CERTIFIED MAIL

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



7002 0860 0001 1758 5422

047J8200413Z
\$04.420
 12/15/2004
 Mailed From 32399
US POSTAGE

Direct Telephone Company, Inc.
 6300 Richmond, Suite 301
 Houston TX 77057-5927

PSC-04-1232A-CO-TX

040856-TX

DIRE300 77057/2022 IN 11 12/26/04
 RETURN TO SENDER

NO FORWARD ORDER ON FILE
 UNABLE TO FORWARD
 RETURN TO SENDER

DOCUMENT NUMBER-DATE
 00084 JAN-3 8
 FPSC-COMMISSION CLERK