

ORIGINAL

RECEIVED-FPSC

05 JAN -5 PM12:12

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: 040843

Florida's Max-Tel Communications, Inc.
P. O. Box 280
Alvord TX 76225-0280

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

2. Article Number
(Transfer from service label)

7002 0860 0001 1758 5378

State of Florida

PS Form 3811, March 2001

Domestic Return Receipt

102596-01-M-1424

047382004132

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

7002 0860 0001 1758 5378

\$04.420
12/15/2004

Mailed From 32399
US POSTAGE

Florida's Max-Tel Communications, Inc.
P. O. Box 280
Alvord TX 76225-0280

MAXTEL

MAXT581 890523034 1004 21 12/31/04
RETURN TO SENDER
:MAXTEL
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN TO SENDER

32399-0850

Barcode

Barcode

CMP
COM
CTR
ECR
GCL
OPC
MMS
RCA
SCR
SEC
OTH

PSC-04-1032A-CO-TX

DOCUMENT NUMBER-DATE

00130 JAN-5 8

FPSC-COMMISSION CLERK