

RECEIVED-FPSC

05 JAN 11 AM 10:34

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

**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

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

- 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 7002 0860 0001 1758 5217

(Transfer from service)

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

047J82004132

**State of Florida**  
**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

7002 0860 0001 1758 5217



**\$04.420**

12/13/2004

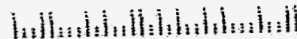
Mailed From 32399  
US POSTAGE

**MAYT581**

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

MAXT581 890523053 1C04 21 01/05/05  
RETURN TO SENDER  
:MAXTEL  
MOVED LEFT NO ADDRESS  
UNABLE TO FORWARD  
RETURN TO SENDER

PSC-04-1140-PAA-TX 890523053



DOCUMENT NUMBER - DATE

00378 JAN 11 05

FPSC-COMMISSION CLERK

ORIGINAL

CMP  
COM  
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SCR  
SEC  
OTH