

ORIGINAL

RECEIVED FPSC

05 NOV 30 AM 10:21

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: 050636

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Amy Durand B. Date of Delivery 11/28

C. Signature X A.C. Durand Agent Addressee

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

Skyway Communications Holding Corp.
6021 142nd Avenue North
Clearwater FL 33760-2822

PAA

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 7004 1160 0004 5750 7414
(Transfer from service)

PSC-05-1157-PAA-TX

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

DOCUMENT NUMBER-DATE
11313 NOV 30 08
FPSC-COMMISSION CLERK