PSC-05-1157-PAA-TX

, me e	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
~ O	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature	13 20
	 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. 	X	るの記れ
OLERK CLERK	1. Article Addressed to: 050633	If YES, enter delivery address below:	TO STORONIE CONTRACTOR OF THE STORONIE CONTRACTO
	ocal Telecom Systems, Inc. 535 West 7th Street, Suite 1 t. Worth TX 76107-2551	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.	
	■ #AH	4. Restricted Delivery? (Extra Fee)	
,	2. Article Number (Transfer from servic 7004 1160	0004 5750 7384 047382004332	
State of Florida		c Return Receipt 102595-01-M-1424 \$ \$ 04.650	
Public Service Con 2540 Shumard Oak Boule Tallahassee, Florida 32399	vard 7004 1160		•
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	Local Telecom Systems, Inc. 3535 West 7th Street, Suite 1 Ft. Worth TX 76107-2551		
		X 760 NO 1 904 I 10 11/26/05 FORWARD TIME EXP RTN TO SEND :LOCAL TELECOM SYSTEMS INC PO BOX 31 CISCO TX 76497-0031	
	76107+2551-0 1236918 850	RETURN TO SENDER	
	es e como e como e contrata e en esta e en e	MP	