

**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:

050624

1 Com South, Inc.  
310 South Street  
Plainville MA 02762-1547

PAA

2. Article Number

7004 1160 0004 5750 7322

Transfer from serv

State of Florida

Receipt

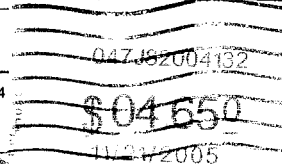
102595-01-M-1424

**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

7004 1160 0004 5750 7322

2005



Mailed From 32399  
US POSTAGE

1 Com South, Inc.  
310 South Street  
Plainville MA 02762-1547

**MOVED, LEFT  
NO ADDRESS**

**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

If YES, enter delivery address below:

No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PSC-05-1157-PAA-TX

RECEIVED-ITPSC

05 DEC -2 AM 10:41

COMMISSION  
CLERK

ORIGINAL

DOCUMENT NUMBER DATE

11386 DEC-2 05

ITPSC-COMMISSION CLERK

CMP	COM	CTR	ECR	GCL	OPC	RCA	SCR	SGA	SEC	OTH
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