

PSC-05-1157-PAA-TX

050619

RECEIVED-FPSC

05 DEC 27 PM 1:16

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:
050619

Atlantic Phone
P. O. Box 7912
Port St. Lucie FL 34985-7912

PAA

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

2. Article Number 7004 1160 0004 5750 7278
(Transfer from service label)

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

7004 1160 0004 5750 7278



047J82004132

\$04.650

11/21/2005

Mailed From 32399
US POSTAGE

Atlantic Phone
P. O. Box 7912
Port St. Lucie FL 34985-7912

UNCLAIMED

**11-25
12-9
12-15
SPOILED**

34985+7912

CMP
COM
CTR
ECR
GCL
OPC
RCA
SCR
SGA
SEC
OTH

DOCUMENT NUMBER-DATE

11875 DEC 27 05

FPSC-COMMISSION CLERK

ORIGINAL