

050764-TI

ORIGINAL

# Public Service Commission

State of Florida

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-8850

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SGA \_\_\_\_\_
- SEC   +
- OTH \_\_\_\_\_

NO SUCH NUMBER

RETURN TO SENDER  
Exacta Communications Inc.  
3300 N.W. 13th Street  
Miami FL 33172-2808

COMMISSION CLERK  
RET. No. 138  
*Handwritten signature*  
Undeliverable

boulevard  
2399-0850

7004 1160 0004 5751 0643



*Handwritten initials*

### 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:  
**PSC-05-1258**      *050764*  
 Exacta Communications Inc.  
 9300 N.W. 13th Street  
 Miami FL 33172-2808  
*PAA*

### COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number  
(Transfer from service label)

7004 1160 0004 5751 0643

COMMUNICATIONS COMMISSION  
 050764  
 JAN 6 2001  
 7 4 100  
 PSC-COMMISSION CLERK