## ce Commission



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DOCCHENT NUMBER DATE COMPLETE THIS SECTION ON DELIVERY 1 Oak Boulevard SENDER: COMPLETE THIS SECTION 047J82004132 A. Received by (Please Print Clearly) | B. Date of Delivery ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse C. Signature so that we can return the card to you. □ Agent ■ Attach this card to the back of the mailpiece, ☐ Addressee Mailed From 32399 or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? US POSTAGE 050794 If YES, enter delivery address below: ☐ No 1. Article Addressed to: United Telecommunication Services, Inc. 8244 N.W. 39th Terrace Miami FL 33122-1914 Service Type ☐ Express Mail PSC-05-1258 Certified Mail ☐ Return Receipt for Merchandise ☐ Registered ☐ C.O.D. Insured Mail 4. Restricted Delivery? (Extra Fee) ☐ Yes 7004 1160 0004 5751 0766 2. Article Number (Transfer from service label) 102595-01-M-1424 Domestic Return Receipt PS Form 3811, March 2001 State of Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850 United Telecommunication Services, Inc. 8244 N.W./39th Terrace NO SUCH NUMBER Miami FL ECR GCL OPC RCA SCR