

e of Florida

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-05-1238

050749

Intelligent Switch Services, LLC
10502 N.W. Ambassador Drive, Suite 220
Kansas City MO 64153-1291

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
- C. Signature Agent Addressee
- X** Yes No
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

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
(Transfer from service label)

7004 1160 0004 5751 0537

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

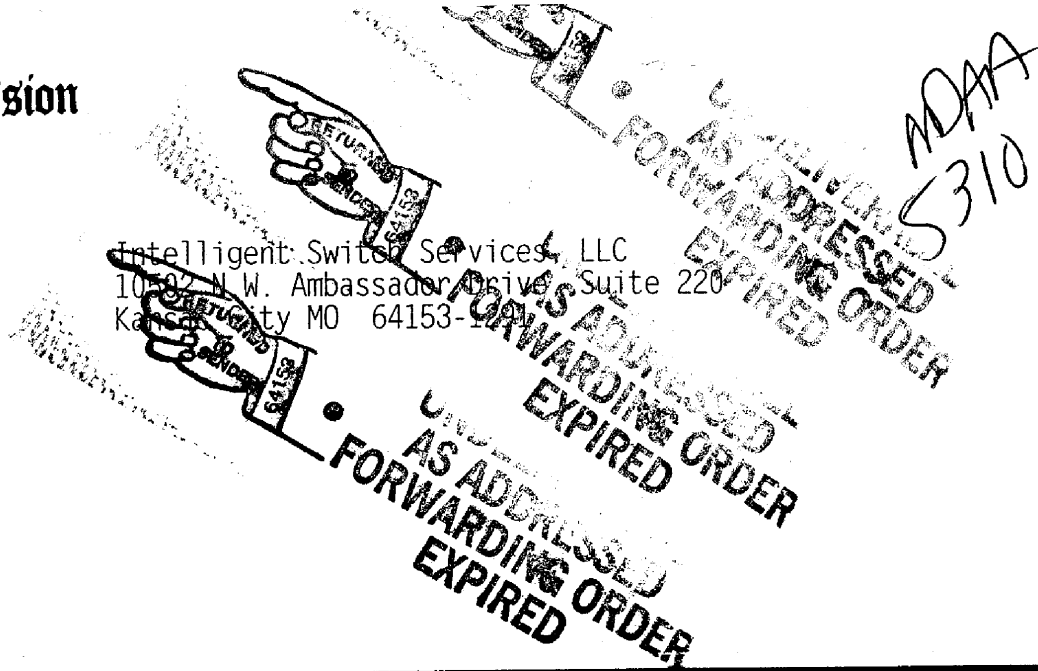
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

050749-TI

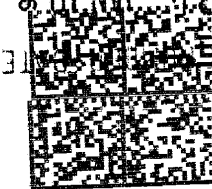
ORIGINAL

Intelligent Switch Services, LLC
10502 N.W. Ambassador Drive, Suite 220
Kansas City MO 64153-1291



FSPC-COMMISSION CLERK

00234 CAN 10 8



047J82004132
DOCUMENT \$04.880
12/27/2005
Mailed From 32399
US POSTAGE

DU 00234-06

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