

SC-05-1219-CO-TX

ORIGINAL

RECEIVED-FPSC

06 JAN 18 PM 3:11

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: **050625**

TELECUBA, INC.
P. O. Box 10469
Miami FL 33101-0469

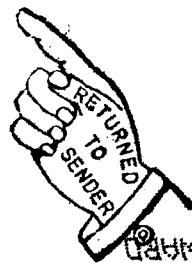
2. Article Number (Transfer from service) **7004 1160 0004 5750 6707**

PS Form 3811, March 2001 Domestic Return Receipt

State of Florida
Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

7004 1160 0004 5750 6707

TELECUBA, INC.
P. O. Box 10469
Miami FL 33101-0469



UNABLE TO FORWARD

MLNA

Moved Left No Add

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 No
If YES, enter delivery address below:

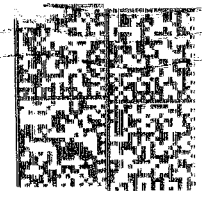
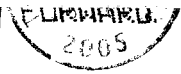
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

DOCUMENT NUMBER-DATE

00468 JAN 18 98

FPSC-COMMISSION CLERK



US POSTAGE
Mailed From 32399
12/15/2005
\$04.420
047J82004132

CMP
COM
CTR
ECR
GCL
GPC
RCA
SCR
SBS
SEC
OTH