

050715

**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 050715**  
 VCV Communications, Inc.  
 444 Brickell Avenue, Suite 309  
 Miami FL 33131-2472

PAA

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature \_\_\_\_\_  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 (Transfer from service label) **7004 1160 0004 5751 0308**

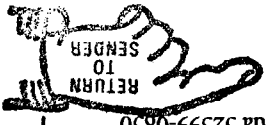
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

VCV Communications, Inc.  
 444 Brickell Avenue, Suite 309

*Handwritten:* PAA 5/13

CMP COM CTR ECR GCL OPC RCA SCR SGA SEC OTH

Moved, Left No Address  
 Moved, Not Forwardable  
 Unclaimed  
 No Such Number  
 Address Not Found  
 No Mail Receipt  
 No Such Item



2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850

State of Florida  
 Public Service Commission

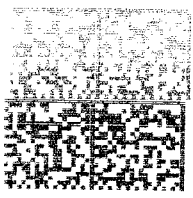
FPSC-COMMISSION CLERK  
 00623 JAN 23 8  
 DOCUMENT NUMBER-DATE

ORIGINAL UNMAILED FPSC

JAN 23 AM 11:51

COMMISSION

047J82004132  
 \$04.880  
 12/27/2005  
 US POSTAGE



PSC-05-1258-PAA-TI

7004 1160 0004 5751 0308



2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850

State of Florida  
 Public Service Commission