

RECEIVED-FPSC

06 JAN 30 AM 11:28

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:  
**050749**

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

**PC-06-0051-00-T1**

**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  
If YES, enter delivery address below:  No

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number **7004 1160 0004 5751 1305**  
(Transfer from service label)

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

**Public Service Commission**

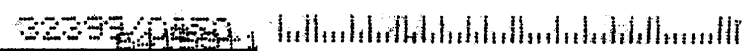
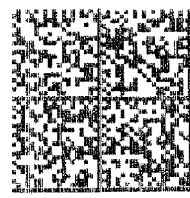
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7004 1160 0004 5751 1305

**UNDELIVERABLE  
AS ADDRESS UNREADABLE  
FORWARD TO  
EX**

047JB2004132  
**\$04.640**  
01/20/2006  
Mailed From 32399  
US POSTAGE



CMP  
COM  
CTR  
ECR  
GCL  
OPC  
RCA  
SCR  
SGA  
SEC  
OTH

DOCUMENT NUMBER-DATE

00872 JAN 30 08

FPSC-COMMISSION CLERK

ORIGINAL

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