RECEIVED-PSC
06 FEB 22 PM 1:51
COMMISSION CLERK

DOCUMENT NUMBER-DATE
01539 FEB 22 90
FPSC-COMMISSION CLERK

ORIGINAL

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:

050687

. Tele_____tions, Inc.
1575_____Avenue___
Miam__ __ 33139-33_8

PSC-06-0037-CO-TC

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

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 1138

Receipt | 102595-01-M-1424

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

RETURNED TO SENDER

REASON CHECKED
Unclaimed _____ Refused _____
Attempted Not known _____
Insufficient Address _____
No such street _____
No such number _____
Do not remit _____

7004 1160 0004 5751 1138

047J82004132

$04.640
01/12/2006
Mailed From 32399
US POSTAGE

NAME
1st Notice 01-14
2nd Notice 01-24 ✓
Return 02-08

CMP ———
COM ———
CTR ———
ECR ———
GCL ———
OPC ———
RCA ———
SCR ———
SGA ———
SEC ——L—
OTH ———