

ORIGINAL

RECEIVED-FPSC

06 MAR -8 AM 11:10

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:

050784

US Connect  
12399 West Dixie Highway  
North Miami FL 33161-5428

PS-C-06-0051-CO-TI

2. Article Number

(Transfer from service label)

7004 1160 0004 5751 1435

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 1435

MLA14

US Connect  
12399 West Dixie Highway  
North Miami FL 33161-5428

RETURN TO SENDER  
MOVED, LEFT  
NO ADDRESS

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

047J82004132

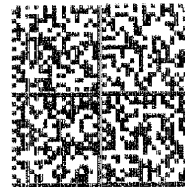
\$04.640

01/20/2006

Mailed From 32399

US POSTAGE

1500000



CMP  
COM  
CTR  
ECR  
GCL  
OPC  
RCA  
SCR  
SGA  
SEC  
OTH

DOCUMENT NUMBER - DATE

01997 MAR -8 8

FPSC-COMMISSION CLERK