COMMISSION CLERK	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li></ul>	
7 F0 9	Local Line America, Inc.  Ms. Amy J. Topper  520 South Main Street, Suite 2446	
	Akron OH 44310-1087  ### SC-06-0342-PAA-TX    Service Type     Certified Mail   Express Mail     Registered   Return Receipt for Merchandise     Insured Mail   C.O.D.   Restricted Delivery? (Extra Fee)   Yes	
(59k) • • • • • • • • • • • • • • • • • • •	2. Article Number (Transfer from service le 7004 1160 0004 5750 9333	
State of Florida	PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424	THE PERSON NAMED IN COLUMN
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Public Service Co 2540 Shumard Oak Boule	mmiss 7004 1160 0004 5750 9333 evard 9-0850  Local Line America, Inc. Ms. Amy J. Topper	904 <b>5</b>
Public Service Co 2540 Shumard Oak Boule	TODY 1160 0004 5750 9333  Local Line America, Inc. Ms. Amy J. Topper 520 South Main Street, Suite 2446 Akron OH 44310-1087  A DANSUFFICIENT ADDRESS ATTEMPTED NOT KNOWN OTHER OF TO SUCH NUMBER/ STREET NOT DELIVERABLE AS ADDRESSED	904 <b>5</b>