BOCUMENT NUMBER-DATE а: C 90 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION RECEIVED FPSC in 1 FPSC-COMMISSION CL Complete items 1, 2, and 3. Also complete A. Received by (Please Print Clearly) B. Date of Delivery AN 8: Nnr item 4 if Restricted Delivery is desired. **ERK** Print your name and address on the reverse C. Signature so that we can return the card to you. Agent 04747 Attach this card to the back of the mailpiece, Х 1- NNC 30 Addressee ECOMMI E or on the front if space permits. 🛛 Yes D. Is delivery address different from item 1? 1. Article Addressed to: 060063 D No If YES, enter delivery address below: Clear Breeze Telecommunications of Florida, In 7784 Reynolds Road, Suite 16 Mentor OH 44060-5321 3. Service Type Certified Mail Express Mail PSC-06-0414-CO-TX Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number 7004 <u>J</u>LO 0004 5750 9272 (Transfer from service lab PS Form 3811, March 2001 State of Florida Domestic, Return Receipt 102595-01-M-1424 ORIGINAL Public Service Commis 18/2006 10 Mailed From 32399 **US POSTAGE** 2540 Shumard Oak Boulevard 7004 1160 0004 5750 9272 Tallahassee, Florida 32399-0850 Att unk INSUFFICIENT ADDRESS ATTEMPTED NOT KNOWN **OTHER NO SUCH NUMBER/ STREET** S □ NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD **RETURN TO SENDE** COM FO ECR 000 CMP CTR SS ROA 500 ති