

RECEIVED-FPSC

06 JUL 31 PM 3:21

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: 060466

DV2, Inc.  
P. O. Box 72973  
Marietta GA 30007-2973

PSC-06 0615 PAA-TL

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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 7004 1160 0004 5751 0087  
(Transfer from service label)

State of Florida

PS Form 3811, February 2004

Domestic Return Receipt

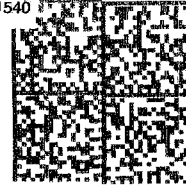
102595-02-M-1540

Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7004 1160 0004 5751 0087



#repost

- Forwarding Order Expired
- Insufficient Address
- Moved, Left No Address
- Unclaimed  Refused
- Attempted - Net Known
- No Such Street
- No Such Number

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047J82004132  
\$04.640  
07/20/2006  
Mailed From 323399  
US POSTAGE

ORIGINAL

DOCUMENT NUMBER-DATE

06837 JUL 31 08

FPSC-COMMISSION CLERK

CMP  
COM  
CTR  
ECR  
GCG  
OPC  
RCA  
SCR  
SGA  
SEC  
OTH