

RECEIVED 11:00

06 AUG 21 PM 12:09

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: 060462

Interlink Telephony, Inc.
 570 South Ellis Road, #200
 Jacksonville, FL 32254-3555

PSC-06-0705-CO-TX

2. Article Number
(Transfer from service label)

7004 1160 0004 5751 4283

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 4283



[Handwritten signature]
 FOR REASONABLE RETURN BY
 JACKSONVILLE, FL 32254-3555
 Interlink Telephony, Inc.
 570 South Ellis Road, #200
 Jacksonville, FL 32254-3555

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

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

047J82004152

\$04.640

08/15/2006

Mailed From 32399
US POSTAGE

ORIGINAL

DOCUMENT NUMBER DATE
 07560 AUG 21 08
 FPSC-COMMISSION CLERK

CMP
 COM
 CTR
 ECR
 GCL
 OPC
 RCA
 SCR
 SGA
 SEC
 OTH