

ORIGINAL

RECEIVED

08 AUG 21 PM 12:39

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: 060465

DNL Telephone Co.
5563 Chipper Lane
Pace, FL 32571-9375

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

2. Article Number

(Transfer from service label)

7004 1160 0004 5751 3941

State of Florida

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

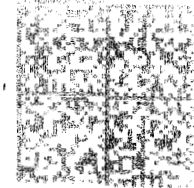
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7004 1160 0004 5751 3941

UNCLAIMED



04649
US POSTAGE
08/20/01

DOCUMENT NUMBER-DATE

07561 AUG 21 98

FPSC-COMMISSION CLERK

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COM
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