

ORIGINAL

RECEIVED

06 AUG 25 PM 1:15

COMMISSIONER  
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

Mr. Nicky Gudmundson  
Double Link Communications, Inc.  
2852 66th Way, North  
St. Petersburg, FL 33710-3145

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  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

PSC-06-0611-PAA-TX

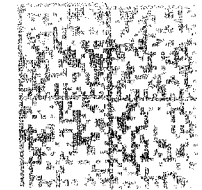
2. Article Number (Transfer from service label) 7004 1160 0004 5751 2678

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

State of Florida  
**Public Service Commission**  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7004 1160 0004 5751 2678



LN-7/22

Mr. Nicky Gudmundson  
Double Link Communications, Inc.  
2852 66th Way, North  
St. Petersburg, FL 33710-3145

P-17  
8-19  
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049 704  
04 640

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DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK