

ORIGINAL

RECEIVED

06 AUG 25 PM 1:15

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: 06046a

ISN Telecom
4770 Biscayne Blvd., Suite 880
Miami, FL 33137-3244

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
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)
PSC-06-0765-CSTX

PS Form 3811, February 2004

7005 1160 0003 8789 5109
Domestic Return Receipt

102595-02-M-1540



7005 1160 0003 8789 5109



\$04.640
08/16/2006

Mailed From 32389
US POSTAGE

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



PS

DOCUMENT NUMBER-DATE

07854 AUG 25 06

FPSC-COMMISSION CLERK