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	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
NECEIVED FPSC 35 AUG 28 PH 3: 40 COMMISSION CLERK	 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 mailpied or on the front if space permits. 	e C. Signature X Agent Addressee	
28 CLE	1. Article Addressed to: 060462	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
NECEIVE 05 AUG 28 COMM	Worldtel Corp. 600 Brickeil Avenue, Suite 502 Miami, FL 33131-2540	3. Service Type	
	FORWARDED	Certified Mail	
	PSC-06-061-PAA-TY	4. Restricted Delivery? (Extra Fee) ☐ Yes	
	Article Number (Transfer from service label)	7004 1160 0004 5751 0209	
Stat	te of Florida PS Form 3811, March 2001 Dom	estic Return Receipt 102595-01-M-1424	
Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850 7004 1160 0004 5751 0209			
Name 1st Notice	Worldtell Corp	FINAL NOTICE Macopost	
2nd Notice <u>AU</u> Return <u>AUG</u>	G 9 2006 WORLSOOK 31310308 14	AUG 9 2006 S	
Return AUG 1 4 NOTIFY SEPERATOR NEW ADDRESS ON 1/20/2006 ON 1/20/2006			