

ORIGINAL

RECEIVED PSC

06 AUG 30 PM 3:29

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: 060466-TI

DV2, Inc.
P. O. Box 72973
Marietta, GA 30007-2973

PSC-06-8701-CO-TI

2. Article Number
(Transfer from service label)

7005 1160 0003 8789 6571

State of Florida PS Form 3811, February 2004

Domestic Return Receipt

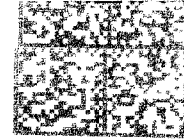
102595-02-M-1540

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7005 1160 0003 8789 6571



157 J62004132

\$04.640

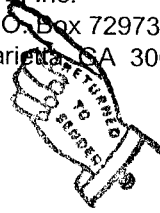
08/16/2006

Mailed From: 32399

US POSTAGE

DV2, Inc.
P. O. Box 72973
Marietta, GA 30007-2973

UT F



- Forwarding Order Expires
- Permanent Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted - Net Known
- No Such Street
- No Such Number

1st NOTICE 8/19/06

2nd NOTICE _____

RETURN _____

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X 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

CMP
COM
CTR
ECR
GCL
OPC
RCA
SCR
SCA
SEC /
OTH

DOCUMENT NUMBER - DATE

07980 AUG 30 06

FPS-COMMISSION CLERK