

ORIGINAL

RECEIVED

06 SEP -8 PM 1:05

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: 060462
 EFFECTEL CORP
 3400 Galt Ocean Drive, Suite 1601S
 Ft. Lauderdale, FL 33308-7000

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

PSC-06-0705-60-TX

2. Article Number 7005 1160 0003 8789 6021
 (Transfer from service label)

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

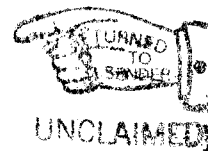


7005 1160 0003 8789 6021

067 16004121
304649
 08/15/2008
 Sorted from 32399
 US POSTAGE

NAME
 1st Notice 8/17
 2nd Notice 8/24
 Return 9/11

~~EFFECTEL CORP
 3400 Galt Ocean Drive, Suite 1601S
 Ft. Lauderdale, FL 33308-7000~~



DOCUMENT NUMBER - DATE
 08222 SEP -8 98
 FPSC-COMMISSION CLERK

CMP
 COM
 CTR
 ECR
 GCL
 CPC
 RCA
 SCR
 SGA
 SEC
 OTH