OCUMENT NUMBER-DATE

06 SEP 25 AT 11: 19

State of Florida Public Service Con 2540 Shumard Oak Boulev Tallahassee, Florida 32399-	PS Form 3811, February 2004 Domesti TMISSION ard RETURN	☐ Insured Mail ☐ C.O.D.	celpt for Merchandise
WORK NOT THE WORK	Worldtel Coip. Worldtel Coip. LGOO* 331840301 1A05 08 0 IFY SENDERFOF NEW ADDRESS RLDTEL COIP BOX 35199 MI FL 37105.7986	FINAL NOTICE AUG 3 0 2006 PAUG 2 1 2006	Name 1st Notice 2nd Notice AUG 3 0 2006 Return SEP 5
			CMP COM CTR ECR GCL OPC SGA

COMPLETE THIS SECTION ON DELIVERY

If YES, enter delivery address below:

B. Received by (Printed Name)

☐ Agent

C. Date of Delivery

☐ Addressee

SEC

A. Signature

X

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete

■ Print your name and address on the reverse

Attach this card to the back of the mailpiece,

000462

item 4 if Restricted Delivery is desired.

so that we can return the card to you.

or on the front if space permits.

1. Article Addressed to: