

ORIGINAL

RECEIVED-FPSC

06 SEP 25 AM 11:19

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: 060465-TC

E-Z Phone, Inc.
P. O. Box 141341
Coral Gables, FL 33114-1341

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 S.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number PSC-06-0702-CO-TC 7005 1160 0003 8789 5796
(Transfer from service label)

State of Florida

FPSC 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 5796



041 J82004132
\$04.640
36/15/2608
Mailed From 32399
US POSTAGE

RETURNED TO SENDER

REASON CHECKED

Undelivered Refused

Attempted-Not known

Insufficient Address

No such street number

No such office in state

Do not re-mail in this envelope

NAME R

1st Notice 8/25

2nd Notice _____

Return _____

E-Z Phone, Inc.
P. O. Box 141341
Coral Gables, FL 33114-1341

CMP
COM
CTR
ECR
GCL
OPC
RCA
SCR
SGA
SEC
OTH

DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK