

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: **060467-TX**
 Coastal Connections
 P. O. Box 629
 Jennings, FL 32053-0629

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** Agent
 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

2. Article Number **7004 1160 0004 5751 4276**
 (Transfer from service label) **20 SEP 2006 0917 4002**

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850



7004 1160 0004 5751 4276

Coastal Connections
 P. O. Box 629
 Jennings, FL 32053-0629

UNC

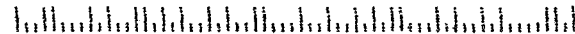
102595-02-M-1540



08/14/2006
 Mailed From 32399
 US POSTAGE

8/17
8-24
9-1

32399+0850-99 0001



ORIGINAL

CMP
 COM
 CTR
 ECR
 GCL
 OPC
 RCA
 SCR
 SGA
 SEC
 OTH

DOCUMENT NUMBER - DATE

08838 SEP 25 08

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