BOCUMENT NUMBER-DATE FPSC-COMMISSION CLERK 90 00111 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY 06 OCT 11 AN: 11: 4 Complete items 1, 2, and 3. Also complete A. Signature COMMISSION OLERK item 4 if Restricted Delivery is desired. 09418 Agent Х Print your name and address on the reverse Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. RECEW. 1. Article Addressed to: 060466-TT D. Is delivery address different from item 1? Yes If YES, enter delivery address below: D No Ms. Monica Rodriguez Premier Telecom, Inc. 400 East Atlantic Blvd., Suite A Pompano Beach, FL 33060-6263 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise PSC-06-0701-Insured Mail C.O.D. (\mathfrak{D}) TA. Restricted Delivery? (Extra Fee) C Yes 2. Article Number 7005 1160 0003 8789 6731 (Transfer from service label) CAT & MARCH ORIGINAI Public Service Commission 08745-2668 2005 1160 0003 8789 6731 2540 Shumard Oak Boulevard Maded From (2344) Tallahassee, Florida 32399-0850 US POSTAGE Ms. Monica Rodriguez Premier Telecom, Inc. 400 East Atlantic Blvd., Suite A Pompano Beach, FL 33060-6263 FHLMHUU UTF NO FORWARD RETURN TO POS 111 CMP COM CTR ECR OPC SCR 4000 OTH RCA С Ш С <u>G</u>CL