

ORIGINAL

**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:

060652  
 W2COM International, LLC  
 P. O. Box 750981  
 Dayton OH 45475-0981

2. Article Number

(Transfer from service label)

7004 1160 0004 5751 3439

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850

7004 1160 0004 5751 3439

W2COM International, LLC  
 P. O. Box 750981  
 Dayton OH 45475-0981

- A  INSUFFICIENT ADDRESS  
 C  ATTEMPTED NOT KNOWN  OTHER  
 S  NO SUCH NUMBER/ STREET  
 NOT DELIVERABLE AS ADDRESSED  
 - UNABLE TO FORWARD

**RTS**  
 RETURN TO SENDER

**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

DOCUMENT NUMBER - DATE

01326 FEB-86

FPSC-COMMISSION CLERK