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State of Florida
Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



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State of Florida
Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Netline Communications Corp.
2538 S.W. 30th Avenue
Hallandale FL 33009-3082

UNCLAIMED

LN
8/22/15
99-15

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Signature <input checked="" type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Addressed</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: <u>070542</u></p> <p>Netline Communications Corp. 2538 S.W. 30th Avenue Hallandale FL 33009-3082</p> <p><u>PSC-07-0666 - PAA-TF</u></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail</p> <p><input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> O.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number (transfer from service label) <u>7005 3110 0002 8806 6300</u></p> <p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p> <p>12555-02-1A-1540</p>	

DOCUMENT NUMBER-DATE
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