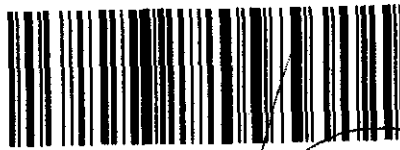


CERTIFIED MAIL™

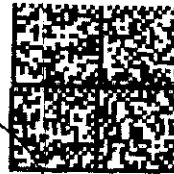
State of Florida

**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7006 2760 0003 8797 7973



inexpost

047J82004132

\$05.49

08/29/2008

Mailed From 32399

US POSTAGE

Unclaimed  
 Addressee Unknown  
 No Apt/Lot  
 Invalid, Left No Address  
 Invalid, Order Expired  
 Invalid, No Agent  
 RETURN TO SENDER  
**REASON CHECKED**  
 Reason

TYBE COMMUNICATIONS INC.  
 33 S.W. 8th Street  
 Homestead FL 33030-7234

*AMP*

33030+7234-33 0015

RECEIVED-FPSC  
 08 SEP 10 PM 2:26  
 COMMISSION  
 CLERK

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <b>080435</b>  TYBE COMMUNICATIONS INC. 33 S.W. 8th Street Homestead FL 33030-7234		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) <b>7006 2760 0003 8797 7973</b>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<b>PSC-08-0562-PAA-TX</b>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, February 2004		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

DOCUMENT NUMBER-DATE

08430 SEP 10 08

FPSC-COMMISSION CLERK