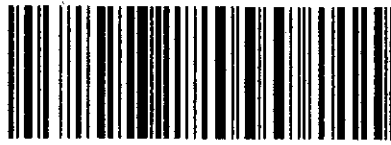


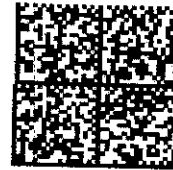
State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7006 2760 0003 8797 8833



047J82004132

\$05.490

09/08/2008

Mailed From 32399
US POSTAGE

E-Phone Communications LLC
5660 N.W. 115th Court
Doral FL 33176-4184

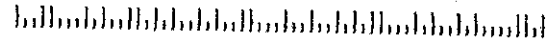
JA

NIXIE 331 5E 1 07 09/13/08

**RETURN TO SENDER
INSUFFICIENT ADDRESS
UNABLE TO FORWARD**

BC: 32399085099 *0938-02501-08-45

33176-4184-883300850



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. 	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: 080420 E-Phone Communications LLC 5660 N.W. 115th Court Doral FL 33176-4184	B. Received by (Printed Name) C. Date of Delivery
2. Article Number <i>(Transfer from service label)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
FSC-08-0571-CO-TL 7006 2760 0003 8797 8833	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

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