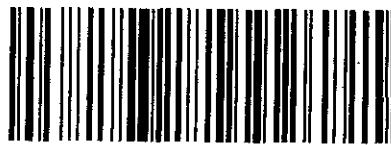


State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7004 1160 0004 5751 3064



047J82004132

\$05.490

08/14/2008

Mailed From 32399
US POSTAGE

Postage

RECEIVED-FPSC

08 SEP 18 PM 3:39

COMMISSION
CLERK

Laser Telecom
Mr. Raymond M. Chauncey
P. O. Box 16480
Fernandina Beach FL 32035-3125

UNCLAIMED

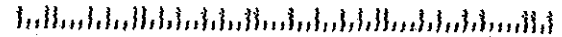
080363-TI

8/16
8/21
8/31

NIXIE 922 5C 1 76 09/12/08

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 32399085099 *1087-07186-12-28



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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: 080363</p> <p>Laser Telecom Mr. Raymond M. Chauncey P. O. Box 16480 Fernandina Beach FL 32035-3125</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p>PSC-08-0524-PAA-TI</p> <p>7004 1160 0004 5751 3064</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

DOCUMENT NUMBER-DATE

08823 SEP 18 8

FPSC-COMMISSION CLERK