

CERTIFIED MAIL™

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7006 2760 0003 8797 9182



USPS

047J8200413
\$05.49
09/24/2008
Mailed From 323
US POSTAGE

RECEIVED-FFSC
08 OCT 8 AM 9:16
COMMISSION CLERK

North Dade Telecom
P. O. Box 3661
West Hollywood FL 33083-3661
BC

10/05/08

RETURN TO SENDER
ATTEMPTED NOT KNOWN
UNABLE TO FORWARD

33083-3661 8002

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>1. Article Addressed to: 080479</p> <p>North Dade Telecom P. O. Box 3661 West Hollywood FL 33083-3661</p>		<p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p>	
<p>PSC-08-0617-C6-TX</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>2. Article Number (Transfer from service label) 7006 2760 0003 8797 9182</p>		<p>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.</p>	
<p>PS Form 3811, February 2004</p>		<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>	

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE
09496 OCT-8 08
FPSC-COMMISSION CLERK