

CERTIFIED MAIL™

State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7006 2760 0003 8797 8192



047J82004132

\$05.320

09/04/2008

Mailed From 32399  
US POSTAGE

Micropost

RECEIVED-FPSC

08 OCT 14 AM 8:31

COMMISSION CLERK

Global Shredding Technologies, LLC  
P. O. Box 728  
Baldwin, FL 32234-0728

LN  
9/5  
925  
10

10/14/08  
This address is consistent with NCD + CMS.

<p><b>COMPLETE THIS SECTION</b></p> <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>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p>
<p>1. Article Addressed to: <u>080338</u></p> <p>Global Shredding Technologies, LLC P. O. Box 728 Baldwin FL 32234-0728</p> <p><u>PSC-08-0569-CO-TC</u></p>	<p>A. Signature <b>X</b> <input type="checkbox"/> Agent <input 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 If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label) <u>7006 2760 0003 8797 8192</u></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>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  
09741 OCT 14 08  
FPSC-COMMISSION CLERK