State of Florida 🐰 🛵 🍂

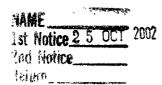
Public Service Commission

2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850

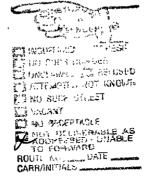








US Telecom Services, Inc. P. O. Box 1068 St. Petersburg, FL 33731-1068





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SENDER: COMPLETE THIS SECTION

- 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.
- 1. Article Addressed to

020637

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COMPLETE THIS SECTION ON DEL	IVERY
A. Received by (Please Print Clearly)	B Date of Delivery
C. Signature	_
V	Agent
X	☐ Addressee
D. Is delivery address different from iter	n 1? 🔲 Yes
If YES, enter delivery address below	w: 🗆 No
İ	

3.	Service Type Certified Mail Registered Insured Mail	Express Mail Return Receipt fo	or Merchandise
4.	Restricted Delivery	? (Extra Fee)	☐ Yes

2.	Article Number
	(Transfer from service label)

7002 0860 0001 1755 4824

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

PSC-02-1337-PAA

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