74-00-72	COLC-6 PM 2: 19 COMMISSION CLERK	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:    A. Received by (Please Print Clearly)   B. Date of Delivery	TO-NEWBWEN THUMBOOD	11465 050-6
7-60-02-		3. Service Type    X Certified Mail   Express Mail   Registered   Return Receipt for Merchandise   Insured Mail   C.O.D.   4. Restricted Delivery? (Extra Fee)   Yes		
ORIGINAL	<b>J</b> Publ	State of Florida PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424  Lit Service Commiss 7004 1160 0004 5750 6592 7004 1160 0004 5750 6592 7004 1160 0004 5750 6592		man will be a second of the se
	ANK	Florida City-Link Communications, Inc. 579 West Heritage Park Blvd. Layton UT 84041-5651  NIXIE 841 0 1 00 1: RETURN TO SENDER ATTEMPTED - NOT KNOWN UNABLE TO FORWARD	Ψ	
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