

00180 JAN-98

DOCUMENT NUMBER-DATE

**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:

PSL-05-1258

050718

Nextelcom Corp.  
 1160 N.W. 159th Drive  
 Miami FL 33169-5808

PAA

2. Article Number

(Transfer from service label)

7004 1160 0004 5751 0339

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent

Addressee

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No

3. Service Type

Certified Mail

Express Mail

Registered

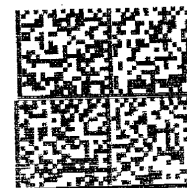
Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes



net/post

047J82004132

\$04.880

12/27/2005

Mailed From 32399

US POSTAGE

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

# Public Service Commission

2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850

050718-TT

Nextelcom Corp.  
 1160 N.W. 159th Drive  
 Miami FL 33169-5808



REASON CHECKED

Unclaimed  refused

Attempted for known

Insufficient address

No such street number

No such office in state

Do not re-mail in this envelope

CMP | COM | CTR | ECR | GCL | OPC | RCA | SCR | SGA | SEC | OTH

ORIGINAL