

CERTIFIED MAIL™

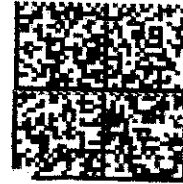
State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

S
FWD



7004 1160 0004 5751 3002



Postage

047J82004132

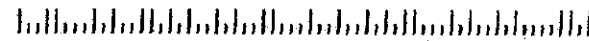
\$05.32⁰⁰

08/14/2008

Mailed From 32399
US POSTAGE

Maxcess, Inc.
Mr. Jim Marchant
P. O. Box 951419
Lake Mary FL 32795-1419

327 D7E 1 808C 75 08/19/08
RETURN TO SENDER
: MAXCESS INC
BOX CLOSED
UNABLE TO FORWARD
RETURN TO SENDER



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: 080357

Maxcess, Inc.
Mr. Jim Marchant
P. O. Box 951419
Lake Mary FL 32795-1419

PSC-08-0525-PAA-TT

2. Article Number
(Transfer from service label)

7004 1160 0004 5751 3002

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

DOCUMENT NUMBER-DATE
07600 AUG 22 8
FPSC-COMMISSION CLERK

RECEIVED-FPSC
08 AUG 22 AM 9:39
COMMISSION
CLERK