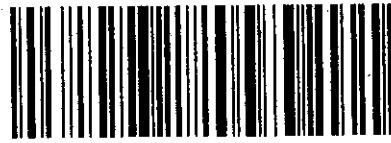
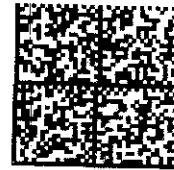


State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850



7006 2760 0003 8797 7942



Receipt

047J82004132

\$05.490

08/29/2008

Mailed From 32399

US POSTAGE

RECEIVED-FPSC

08 SEP 22 AM 10:02

COMMISSION
 CLERK

NOX
 9-2

9-4
 11/9/17

E-Z Family Connection, Corp.
 1840 S.W. 85th Court
 Miami FL 33155-1045

RETURNED TO SENDER
UNCLAIMED

33155+500594085010001

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION OF DELIVERY	
<ul style="list-style-type: none"> 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. 	<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: 080482</p> <p>E-Z Family Connection, Corp. 1840 S.W. 85th Court Miami FL 33155-1045</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number: PSC-08-056-PAA-TX</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
	<p>3. Service Type</p> <p><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>7006 2760 0003 8797 7942</p>	
	<p>Receipt 102595-02-M-1540</p>	

DOCUMENT NUMBER-DATE

08896 SEP 22 8

FPSC-COMMISSION CLERK