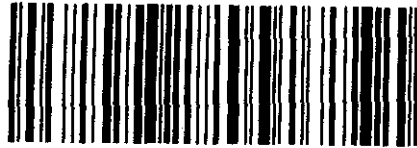
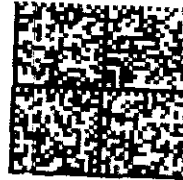


CERTIFIED MAIL™

State of Florida



7006 2760 0003 8797 7607



USPS

047J82004132

\$05.49⁰⁰

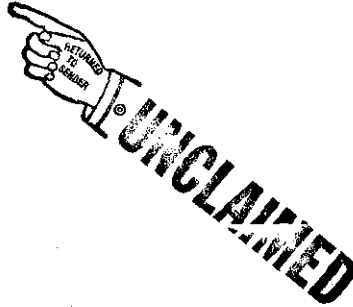
08/29/2008

Mailed From 32399
US POSTAGE

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Instatone
Mr. Michael Servos
P. O. Box 6434
Clearwater FL 33758-6434



1st NOTICE 9-2
2nd NOTICE 9-8
RETURNED 9-18

RECEIVED FPSC

08 SEP 25 AM 9:35

COMMISSION CLERK

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: **080423**
Instatone
Mr. Michael Servos
P. O. Box 6434
Clearwater FL 33758-6434

PEC-08-0562-PAA-TX

2. Article Number **7006 2760 0003 8797 7607**
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X 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 Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

DOCUMENT NUMBER-DATE

09067 SEP 25 8

FPSC-COMMISSION CLERK