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DEPUGER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also com Item 4 if Restricted Delivery is desired Print your name and address on the re so that we can return the card to you. Attach this card to the back of the ma or on the front if space permits. 	Sverse	A. Signature X (A G Y (A G Z Addressee B. Received by (Pripted Name) A Date of Delivery A Date of Delivery D. Is delivery address different from item 1? Ves
1. Article Addressed to:		If YES, enter delivery address below:
Terra Nova Telecom, Inc. 88101 Overseas Highway Islamorada, FL 33036-3063		3. Service Type Certified Mail Registered Return Receipt for Merchandise
110112 PSC-11-0248-C	o.K	Insured Mail C.O.D. A. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label)	7009	3410 0002 4112 5689
PS Form 3811 February 2004	Domestic	ic Return Receipt 102565-02-M-1540

DOCUMENT NUMBER -DATE

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