

ORIGINAL

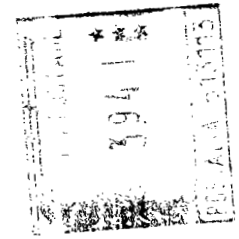
CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 5281



Handwritten: 08/11
12/15/01

Talk Too Communications
8829 Lem Turner Road
Jacksonville FL 32208-2679

RETURNED
UNCLAIMED
JACKSONVILLE, FL 32208-2679
Name
Post Office
Zone
Return *1230*

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: *011242*

4a. Article Number

Talk Too Communications
8829 Lem Turner Road
Jacksonville FL 32208-2679

- Certified
- Insured
- Parcels and Merchandise COD

Only if requested

6. Signature: (Addressee or Agent)

X

Domestic Return Receipt

Thank you for using Return Receipt Service.

011242-TX

2407-PAF

DOCUMENT NUMBER - DATE

00188 JAN -7 01

FPSC-COMMISSION CLERK

APP
CAF
CMP
COM
CTR
EGR
LEG
LPC
PAL
RGO
SER
SER
OTH