

ORIGINAL

R MED FPSC

04 DEC -2 AM 11:49

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: 040842 857

Astral Communications
8405 N.W. 29th Street
Miami FL 33122-1924

2. Article Number
(Transfer from service label)

7002 0860 0001 1758 8386

State of Florida

PS Form 3811, March 2001

Domestic Return Receipt

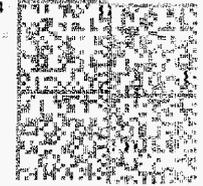
102595-01-M-1424

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7002 0860 0001 1758 8386



- Moved, Not Forwardable P
- Moved, Not Forwardable
- Unclaimed Refused
- No Such Number Invalid
- Out of Business Big Aired
- Addressee Unknown
- No Mail Receipts
- Route No. Initials

Astral Communications
8405 N.W. 29th Street
Miami FL 33122-1924

*MOVED
11 19 04*

047J02004132
\$04.420
11/17/2004
Mailed From 32399
US POSTAGE

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature Agent
X Addressee

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

12797 DEC -2 8

FPSC-COMMISSION CLERK

PAA order PS-04-1140-PAA-TX

- CMP
- COM
- CTR
- ECR
- GCL
- OPC
- MMS
- RCA
- SCR
- SEC 1
- OTH