18 Ball LAMASE DOCUMENT NUMPER-DATE PSC-RECERDS/REPORTING **State of Florida** TO JAN 18 8 SENDER $\overline{\mathbb{N}}$ Public Service Commission JAN 6 1 0 REASON OTHORSE Unclaimed_____t clased ORIGINAL 2540 Shumard Oak Boulevard Attempted-Not Movem Tallahassee, Florida 32399-0850 lesufficient Address_ 0067 No moh street____number_ le such office in state_ Do not remail in this envelope National Comm Link, L.L.C. Clifford F. Duke 19599 N.E. 10th Avenue Suite E North Miani Beach FL **3**3179-**3**579 CERTIFIED MARL Return Recipt Requests 00-012 I also wish to receive the SENDER: completed on the reverse side? Complete items 1 and/or 2 for additional services following services (for an 0038 Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this extra fee): Service card to you. 1. Addressee's Address 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. 2. Restricted Delivery The Return Receipt will show to whom the article was delivered and the date **Return Receipt** Consult postmaster for fee. delivered. 991628 4a. Article Number 3. Article Addressed to: 00-012 National Comm Link, L.L.C. Certified Clifford F. Duke using 19599 N.E. 10th Avenue, Suite E Insured **RETURN ADDRESS** andise COD North Miami Beach FL 33179-3579 (Only if requested Thank and net is paid, 6. Signature: (Addressee or Agent) APP COMPACT CONTRACT /our Х **Domestic Return Receipt** 229