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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
1. Article Addressed to: 07048/	If YES, enter delivery address below:
Stay in Touch Long Distance 5414 West Crenshaw Street Tampa FL 33634-3009	
	3. Service Type  Certified Mail  Registered Return Receipt for Merchandise  C.O.D.
PSC-07-0666-PAD-TI	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number (Transfer from service label) 7005 3110 0002 8806 5907	
PS Form 3811. February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

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