SENDER: COMPLETE THIS SECTION	COMPLETE THIS SEC	TION ON D	ELIVERY		-200		
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature			RECEIVED-FPSC			
Print your name and address on the reverse	X		☐ Addressee	08 AUG 20 PM 12: 29			
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.	B. Received by (Printe	, 	C. Date of Delivery				
1. Article Addressed to: 080332	D. Is delivery address different from item 1?			COMMISSION CLERK			RUMBER-DATE 2 AUG 20 8
LoneStar Telcom, Inc.			÷				AUG 20
P. O. Box 590156							18∃ 3
Ft. Lauderdale FL 33359-0156	☐ Registered I	C.O.D.	fail sceipt for Merchandise				747 747
PSC-08-0510- PAA-TC	4. Restricted Delivery?	(Extra Fee)	☐ Yes				್ಟ್ ೧
2. Article Number (Transfer from service label) 7005 08	ידם סססס סדף.	1 7.532	•				
DOMESTIC RE			102595-02-M-1540				
		(en en M	A/L_{m}			
State of Florida Public Service Comm 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850 SENDER Box Closed - No Oi	LoneStar P. O. Box Ft. Laude	Telcom,	, Inc.	0169 1537		\$ 05,320 \$ 05,320 106 11 2008 100 140 From 32398 US POSTAGE	
BUX Clused - 140 Of	uei						
* ,							