

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

CERTIFIED MAIL™



7006 0810 0000 0169 147

047J82004132

\$05.320

08/06/2008

Mailed From 32399
US POSTAGE

RECEIVED-FPSC

08 SEP 18 PM 3:39

COMMISSION
CLERK



Laser Telecom
Mr. Raymond M. Chauncey
P. O. Box 16480
Fernandina Beach FL 32035-3125

UNCLAIMED

080320-TA 8/09

8/18
8/24
UNC

NIXIE 322 5C 1

RETURN TO

BC: 000000

32035-3125-50-8974

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: **080320**
 Laser Telecom
 Mr. Raymond M. Chauncey
 P. O. Box 16480
 Fernandina Beach FL 32035-3125

PSC-08-0500-PAA-TA

2. Article Number
 (Transfer from service label)

7006 0810 0000 0169 1476

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input type="checkbox"/> Agent
X		<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes		
If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type		
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes

DOCUMENT NUMBER-DATE

08824 SEP 18 08

FPSC-COMMISSION CLERK