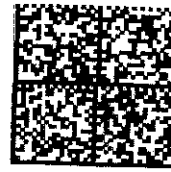


State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850



7006 2760 0003 8797 7799



047J82004132

\$05.49

08/29/2008

Mailed From 32399
 US POSTAGE

RECEIVED-PPSC
 08 SEP 22 AM 10:03
 COMMUNICATIONS
 UNCLAIMED

Alpha Fiber Inc.
 1145 Marina Drive
 Tarpon Springs FL 34689-6714

LW 9-8-08
 BB AH

Left Notice: _____
 Final Notice: 9-8
 Return Date: 9-17

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: <u>080464</u></p> <p>Alpha Fiber Inc. 1145 Marina Drive Tarpon Springs FL 34689-6714</p> <p><u>PSC-08-0562-PAA-TX</u></p>	<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>[Redacted]</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
	<p>3. Service Type</p> <p><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.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>[Redacted] 8797 7799</p>

102595-02-M-1540

DOCUMENT NUMBER-DATE

08895 SEP 22 8

FPSC-COMMISSION CLERK