

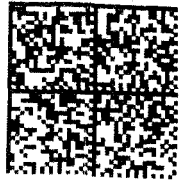
State of Florida

# Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7006 2760 0003 8797 8963



ncopost

047J82004132  
\$05.490  
09/24/2008  
Mailed From 32399  
US F STAGE

RECEIVED FPSC

08 OCT 17 AM 9:31

COMMISSION  
CLERK

*cms/mcd  
ady consistent  
PWW*

Instatone  
Mr. Michael Servos  
P. O. Box 6434  
Clearwater FL 33758-6434



SEP 27 2008

1st NOTICE  
2nd NOTICE 10/2/08  
RETURNED 10/12/08

### 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: **080423**

Instatone  
Mr. Michael Servos  
P. O. Box 6434  
Clearwater FL 33758-6434

**PSC-08-0617-CO-TX**

2. Article Number  
(Transfer from service label)

7006 2760 0003 8797 8963

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

### COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
**X**  Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

DOCUMENT NUMBER-DATE

09892 OCT 17 08

FPSC-COMMISSION CLERK