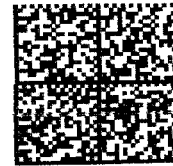
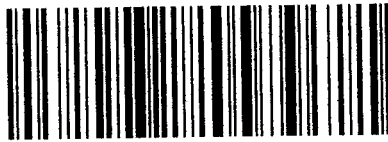


State of Florida



047J82004132

\$05.320

09/30/2008

Mailed From 32399
US POSTAGE

7006 2760 0003 8797 9465

ncsposit

05
10/2/08
OK
10/7

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

10/30/08 Address consistent with MCD + C/MSI

RECEIVED-FPSC

08 OCT 30 AM 8:28

COMMISSION
CLERK

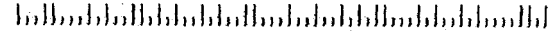
REI Communications
Mr. Carl J. Burgess
1005 Polk Street
Bartow FL 33830-3632

NIXIE 397 SE 1 07 10/29/08

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 32399085099 *0839-00215-30-43

33830-3632-390850



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 type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
<p>1. Article Addressed to: 080425</p> <p>REI Communications Mr. Carl J. Burgess 1005 Polk Street Bartow FL 33830-3632</p> <p>Psc-06-0634-CO-TX</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 7006 2760 0003 8797 9465</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>PS Form 3811, February 2004</p>		<p>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.</p>	
<p>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>102595-02-M-1540</p>			

DOCUMENT NUMBER-DATE
10216 OCT 30 08
FPSC-COMMISSION CLERK