

APP
CAF
CMP
COM
CTR
ECR
LEG
OPC
PAI
RGO
SEC
SER
OTH

FPSC-COMMISSION CLERK

DOCUMENT MARI-DATE
08947 JUL 23

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. Received by (Please Print Clearly) B. Date of Delivery</p>	
<p>Pro Tele-Systems, Company Alberto J. Susi 1020 N.W. 1st Court Hallandale FL 33009-3904</p>		<p>C. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes address below: <input type="checkbox"/> No</p>	
		<p><u>010430-TC</u></p>	
		<p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p>	
		<p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Copy from service label) <u>7000 0600 0026 7144 3164</u></p>			
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952</p>			


1409-PAA

CERTIFIED MAIL

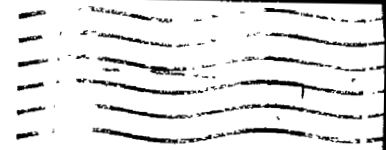
State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



PM
JUN 2001



RETURN TO SENDER/ATTEMPTED NOT KNOWN
7000 0600 0026 4144 3164

LN
7/2/01
7-9
7-16

Pro Tele-Systems, Company
Alberto J. Susi
1020 N.W. 1st Court
Hallandale FL 33009-3904

UNCLAIMED

32399-0850-0850

