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| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
| 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. | A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes |
| 1. Article Addressed to: 060253 | If YES, enter delivery address below: |
| Utilities, Inc. of Florida Mr. Patrick C. Flynn 200 Weathersfield Avenue Altamonte Springs FL 32714-4027 | 3. Service Type A Certified Mail |
| PSC-07-0505-5C-W | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number 7006 0810 (Transfer from service la | P480 884E 5000 |
| PS Form 3811, February 2004 Domestic Retu | ırn Receipt 102595-02-M-1540 |

DOCUMENT NUMBER-DATE

04961 JUN 20 5