

State of Florida

Public Service Commission

Seiber Building, 101 East Gaines Street
Tallahassee, Florida 32304-8500

CERTIFIED MAIL
Return Receipt Requested
No. 97-0137

100143336909 01

Registered Postmaster Company, Inc.
17 East 4th Street, Tallahassee, FL
New York, NY 10013

MMZ
A.E.

The reverse side?

SENDER:

a) Complete items 1 and 2 for address services
 b) Complete items 3, 4a, and 4b
 c) Print your name and address on the reverse of this form so that we can return the card to you
 d) Attach this form to the front of the package, or on the back if space does not permit.
 e) Write "Return Receipt Requested" on the package above the article number.
 f) The Return Receipt will show to whom the article was delivered and the date received.

I also wish to receive the following services (for an extra fee)

- 1 Addressee's Address
 2 Restricted Delivery
 Consult postmaster for fee

4a Article Number

MMZ

- 3 Service Type
- 1 Registered Certified
 1 Express Mail Insured
 Return Receipt for Merchandise COD
 Date of Delivery: *10/10/97*
- Addressee's Address (Only if returned and fee is paid)

Thank you for using Return Receipt Service.

46885 11-95

Is your RETU

5 RECEIVED BY

S. S. S.

X

PS Form 381

