

ORIGINAL

SENDER:

- Complete items 1, and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Affix your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- This Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Erin Watson
2755 Colonial Blvd., #207
Ft. Myers FL 33907-1650

4a. Article Number

981298

Thank you for using Return Receipt Service.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

99-024

- Certified
- Insured
- handle COD

(Only if requested)

and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3011, December 1994

Domestic Return Receipt

- ACK _____
- AFA _____
- APP _____
- CAF _____
- OMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC _____
- WAS _____
- OTH _____

Is your RETURN ADDRESS completed on the reverse side?

State of Florida
Public Service Commission

25401 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

CERTIFIED MAIL
Return Receipt Requested
No. 99-024

NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD



Erin Watson
2755 Colonial Blvd., #207
Ft. Myers FL 33907-1650

WAT5755 339072109 IN 20 01/09/99

RETURN TO SENDER
NO FORWARDING ORDER ON FILE
UNABLE TO FORWARD
UNABLE TO SENDER



DOCUMENT NUMBER DATE

00585 JAN 15 99

FPSC-RECORDS/PRINTING