

ACK _____
 AFA _____
 APP _____
 CAF _____
 CMU _____
 CTR _____
 EAG _____
 LEG _____
 LIN _____
 OPC _____
 RICH _____
 SEC _____
 WAS _____
 OTH _____

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 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:
 Tho M. Fazio
 126 Shelter Rock Road
 Orlando FL 32835-6031

4a. Article Number
 981331

4b. Article Number
 99-010

5. I also wish to receive the following services (for an extra fee):
 Addressee's Address
 Restricted Delivery
 Consult postmaster for fee.

6. Signature: (Addressee or Agent)
 X

and fee is paid

Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

State of Florida
Public Service Commission
 2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

CERTIFIED MAIL
 Return Receipt Requested
 No. 99-010

Forwarding Order Expired
 Insufficient Address
 Moved, Left No Address
 Unclaimed Refused
 Attempted - Not Known
 No Such Street
 No Such Number
 Route No. ~~129~~
 Carr / Initials ~~129~~

Thomas M. Fazio
 1260 Shelter Rock Road
 Orlando FL 32835-8031

TALLAHASSEE
 JUN 5 1998
 FLA

277

1310
 (Handwritten initials)

NAME _____
 1st Notice F-28
 2nd Return F-26

DOCUMENT NUMBER-DATE
 01241 FEB-18
 FPSC-RECORDS/REPORTING