

CERTIFIED MAIL

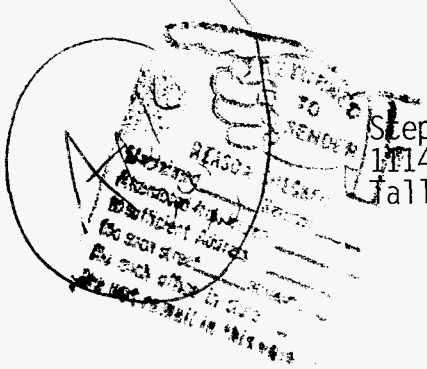
State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4145 5389

ORIGINAL



Stephen Dennis Atkin
1114 North Adams Street
Tallahassee FL 32303-6135



SENDER: COMPLETE THIS SECTION

- 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.

Article Addressed to:

Stephen Dennis Atkin
1114 North Adams Street
Tallahassee FL 32303-6135

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X Agent Addressee

D. Is delivery address different from item 1? Yes No

00964

P

Express Mail
Return Receipt for Merchandise
C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0600 0026 4145 5389

PS Form 3811, July 1999

Domestic Return Receipt

102995-99-M-1789

1801-PAA

000964-TC

DOCUMENT NUMBER - DATE

12926 OCT 10 8

FPSC - RECORDS/REPORTING



APP
CAF
CMP
COM
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SEC
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