

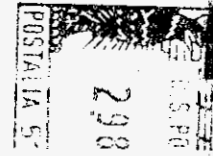
**CERTIFIED MAIL**

State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7000 0600 0026 4145 5846

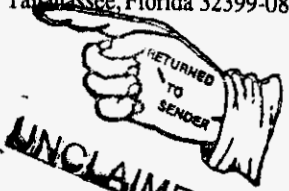


4 OCT 31 8

CT 31 8

RECORDS SECTION

14114-00



**UNCLAIMED**

Sharminee Lopez  
2411 Nassau Drive  
Miramar FL 33023-4543

NAME L  
1st Notice 10-09-00  
2nd Notice 9  
Return 10-21

**FINAL NOTICE**



**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.

1. Article Addressed to:

Sharminee Lopez  
2411 Nassau Drive  
Miramar FL 33023-4543

001134

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

- 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 5846

01-34-7C

1798

