

State of Florida

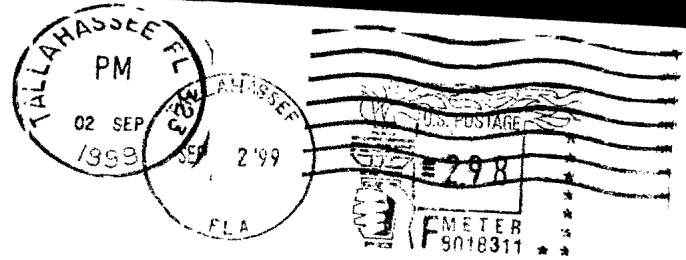
# Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

ORIGINAL

*WAK*

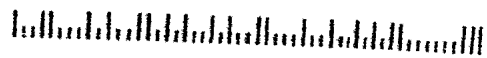
Thomas M. Cate, Jr.  
8001 Fairview Drive, #108  
Tamarac FL 33321-3946



**CERTIFIED MAIL**  
Return Receipt Requested  
No. 99-207

NO SUCH NUMBER  
ROUTE No. 2105 CARR/INITIALS PLS DATE 9-13-99

3232 32399 0850



9-11-99  
9-13-99

IF RETURN ADDRESS COMPLETE... on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print 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.
- The Return Receipt will show to whom the article was delivered and the date delivered.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 990810

4a. Article Number 99-

Thomas M. Cate, Jr.  
8001 Fairview Drive, #108  
Tamarac FL 33321-3946

Certified  
 Insured  
 COD  
 (only if requested)

Thank you for using Return Receipt Service.

1714-FOF

Domestic Return Receipt

AFA	APP	CAF	CMU	CTR	EAG	LEG	MAS	OPC	PAI	SEC	WAW	OTH
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----