

State of Florida

# Public Service Commission

Fletcher Building, 101 East Gaines Street  
Tallahassee, Florida 32399-0850



CERTIFIED MAIL  
Return Receipt Requested  
No. 96-0267

Atlas Senior Benefits  
1655 Jupiter Road  
Venice FL 34293-6123

*MLNPF  
R 3-19-94  
10-19-94*

Read 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 the 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.

3. Article Addressed to:

Atlas Senior Benefits  
1655 Jupiter Road  
Venice FL 34293-6123

*96-0267*

4a. Article Number

*96-0267*

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

Certified  
 Insured  
 COD  
 Merchandise

Postage (Only if requested)

Thank you for using Return Receipt Service.

Is your RET

6. Signature: (Addressee or Agent)

**X**

PS Form 3811, December 1994

Domestic Return Receipt **X**

CAF \_\_\_\_\_  
 CMU 1 \_\_\_\_\_  
 CTR \_\_\_\_\_  
 EAG \_\_\_\_\_  
 LEG 1 \_\_\_\_\_  
 LIN \_\_\_\_\_  
 OPC \_\_\_\_\_  
 RCH \_\_\_\_\_  
 SEC 1 \_\_\_\_\_  
 WAS \_\_\_\_\_  
 OTH \_\_\_\_\_

DOCUMENT NUMBER - DATE

11428 OCT 28 94

FPSC-RECORDS/REPORTING