

State of Florida

# Public Service Commission

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



947129-TC

CERTIFIED MAIL  
Return Receipt Requested  
No. 96338

Alliance  
919 Seddon Cove Way  
Tampa FL 33602-5705



**SENDERS:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, 4b & 5.
- 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.

1.  Addressee's Address

2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:  
Alliance  
919 Seddon Cove Way  
Tampa FL 33602-5705

4a. Article Number: 96338

4b. Service Type

Registered  Insured

Certified  COD

Express Mail  Return Receipt for Merchandise

5. Date of Delivery

6. Signature (Agent)

7. Addressee's Address (Only if requested and fee is paid)

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

DOCUMENT NUMBER-DATE  
12883 DEC-3 1991  
FPSC-RECORDS/REPORTING