

State of Florida

Public Service Commission

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



Scott Harrell
411 Shenandoah Drive
Gulf Breeze FL 32561-4510

HARRELL
11-24-94
12-12
+218

CERTIFIED MAIL
Return Receipt Requested
No. 96-0311

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

1. Article Addressed to:
Scott Harrell
411 Shenandoah Drive
Gulf Breeze FL 32561-4510

2. Article Number:
96-0311

3. Service Type:
 Registered
 Certified
 Express Mail
 Merchandise

4. Insured:
 Insured
 COD

5. Restricted Delivery:
 Restricted Delivery
 Consult postmaster for fee.

6. Date of Delivery:

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

8. Signature (Addressee):

9. Signature (Agent):

SENDER: Complete items 1 and/or 2 for additional services (for an extra fee).
 Complete items 3, 4, 5, 6, 7, 8, and 9.
 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.

10. RETURN ADDRESS completed on the reverse side

DOCUMENT NO.
13750-76
12/21/90