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 State of Florida
 Public Service Commission

Public Service Commission

Florida Public Service Commission
 Division of Records and Reporting
 2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

Tele-Ven, Inc.
 3635 Venture Drive, W.
 Lakeland FL 33811-1294

CERTIFIED MAIL
 Return Receipt Requested
 No. 97-0097



- Forwarding Order Expired
 - Insufficient Address
 - No Mail Receipts
 - Unclaimed Refused
 - Attempted, Unknown
 - No Such Number
- Route No. 1 Carrier 1234 Date 12/15/97

6/10/50
 66-00000
 DOCUMENT NO.

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. If 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): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <u>970390</u> Tele-Ven, Inc. 3635 Venture Drive, W. Lakeland FL 33811-1294		4a. Article Number <u>97-0097</u>	
5. Received By: (Print Name) 6. Signature: (Addressee or Agent) <u>X</u>		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD 7. Date of Delivery 8. Addressee's Address (Only if requested and fee is paid)	
PS Form 3811, December 1994		Domestic Return Receipt	

Thank you for using Return Receipt Service.

970390-TC