

State of Florida

Florida Public Service Commission  
Division of Records and Reporting  
1900 North Florida Avenue, Room 3050  
Tallahassee, Florida 32310-0350

REGISTERED MAIL  
Return Receipt Requested  
No. 97

~~UNCLAIMED~~  
Mark McDonald  
~~P.O. Box 14231  
Tallahassee, FL 32317~~

FINAL NOTICE

Name \_\_\_\_\_  
1st Notice \_\_\_\_\_  
2nd Notice \_\_\_\_\_  
Return \_\_\_\_\_



Is your RETURN ADDRESS completed on the reverse side?

<p>1. Complete items 1 and/or 2 for additional services:          a) Complete items 3, 4a, and 4b          b) Print your name and address on the reverse of this form so that we can return the card to you          c) Attach this form to the front of the package, or on the back if space does not permit.          d) Print "Return Receipt Requested" on the package before the article number.          e) The Return Receipt will show to whom the article was delivered and the date received.</p>		<p>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</p>	
<p>3. Article Addressed to:          Mark McDonald  <del>1900 North Florida Avenue</del>          P.O. Box 14231          Tallahassee, FL 32317</p>		<p>4a. Article Number:          970171</p>	
<p>4b. Service Type:  <input type="checkbox"/> Registered  <input type="checkbox"/> Express Mail  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> COD</p>		<p>5. Date of Delivery:</p>	
<p>6. Addressee's Address (Only if requested and fee is paid):</p>		<p>7. Addressee's Address (Only if requested and fee is paid):</p>	
<p>8. Signature (Addressee or Agent):          X</p>		<p>9. Received By (Print Name):          Tallahassee FL 32301-1029          P.O. Box 14231          Tallahassee, FL 32317</p>	

Thank you for using Return Receipt Service.

Domestic Return Receipt

FILE COPY