

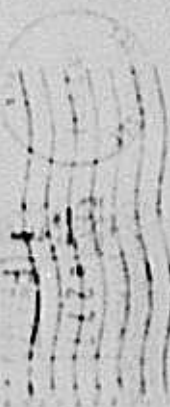
State of Florida Public Service Commission

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

CERTIFIED MAIL
Return Receipt Requested
No. 97-0129

UNCLAIMED

11551



N.C.
677-41
6-21-97

7/23/97

REVERSE SIDE

Complete items 1 and 2 for address 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.
Indicate the form to the front of the message, or on the back if space does not
permit.
Print "Return Receipt Requested" on the message before the address number.
The Return Receipt will give you the date the article was delivered and the date
delivered.

1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

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

Certified
 Insured
include COO

1594 Maple Street
Largo FL 33409-3304
77593

6. Signature (Addressee or Agent)

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

Domestic Return Receipt

Thank you for using Return Receipt Service.

DOCUMENT NUMBER
07489 JUL 23 1997
PSC-88 COMMERCE/POSTAL

ORIGINAL FILE COPY