

ACK _____
 AFA _____
 APP _____
 CAF _____
 CMU _____
 CTR _____
 EAG _____
 LEG _____
 LIN _____
 OPC _____
 RCH _____
 SEC _____
 MAS _____
 NTH _____

Printed on the reverse side

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.
- *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. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 461220

4a. Article Number 97-0148

HV Utility, Inc.
 P. O. Box 2770
 Crystal River FL 34423-2770

Registered Mail
 Registered Mail for Merchandise
 Certified
 Insured
 COD

7-25-97 97

Address (Only if requested)

6. Signature: *DOUGLAS LEWIS*
 X *[Signature]*

if fee is paid

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Services.

DOCUMENT NUMBER-DATE
 08007 AUG-65
 FPSC-RECORDS/REPORTING

FILE COPY