

CERTIFIED MAIL

State of Florida

# Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7000 0600 0026 4145 4481

BU1240-TI  
**ORIGINAL**

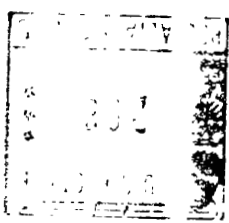


**NOT DELIVERABLE**  
**AS ADDRESSED**  
**UNABLE TO DELIVER**

Overlook Communications International Corporat  
Peter Rini  
2839 Paces Ferry Road, Suite 500  
Atlanta GA 30339-5732

*NSA 1/12*

TURN IN TO THE POST OFFICE  
SERVICES DIVISION  
POST OFFICE BOX 1000  
ANNAPOLIS MD 21403



SENDER: COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X 001240</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee

Overlook Communications International Corporat  
Peter Rini  
2839 Paces Ferry Road, Suite 500  
Atlanta GA 30339-5732

2481-PAA

2. Article Number (Copy from service label)

7000 0600 0026 4145 4481

PS Form 3811, July 1999

Domestic Return Receipt

Express Mail  
Return Receipt for Merchandise

Insured Mail     C.O.D.

4. Restricted Delivery? (Extra Fee)     Yes

APP  
CAF  
CMP  
COM  
CTR  
ECR  
LEG  
OPC  
PAI  
RGO  
SEC  
SER  
OTH

|||||

DOCUMENT NUMBER-DATE

00221 JAN-46

FPSC-RECORDS/REPORTING