

ORIGINAL

**SENDER: COMPLETE THIS SECTION**

- 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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature **X** 001339-TI  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If delivery address below: \_\_\_\_\_

New Millennium ConQuest Service Corporation  
John Burchett  
200 South Biscayne Blvd., Suite 5400  
Miami FL 33131-2310

- all  Express Mail  
 Return Receipt for Merchandise  
 Insured mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

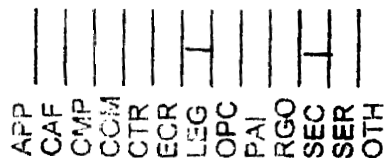
2 Article Number (Copy from service label)

7000 0600 0026 4144 4208

102595-99-M-1789

PS Form 3811, July 1999

Domestic Return Receipt



**CERTIFIED MAIL**

State of Florida  
**Public Service Commission**

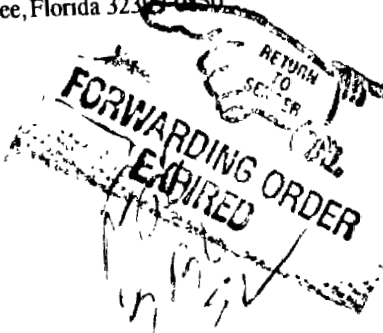
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32309-0850



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200 South Biscayne Blvd., Suite 5400  
Miami FL 33131-2310

001339-TI  
0046-PAA



33131-2310



DOCUMENT NUMBER-DATE

00746 JAN 18 2000

FPSC-RECORDS-REPORTING