

CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 4154



refused 1-12-99 unknown
PH 404 111
Special Accounts Billing Group, Inc.
Patrick D. Crocker
1800 Diagonal Road, Suite 500
Alexandria VA

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 001312-TI	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? Address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

0068-PAH

Special Accounts Billing Group, Inc.
Patrick D. Crocker
1800 Diagonal Road, Suite 500
Alexandria VA 22314

Express Mail
 Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0600 0026 4144 4154

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

DOCUMENT NUMBER - DATE

00922 JAN 22 99

FPSC-REGISTRATION UNIT

