

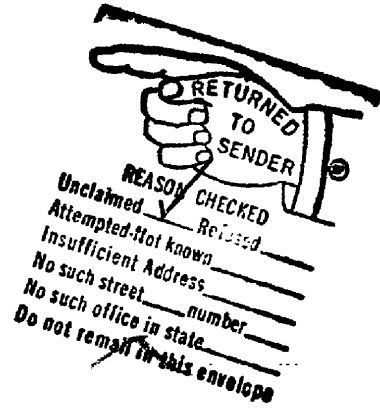
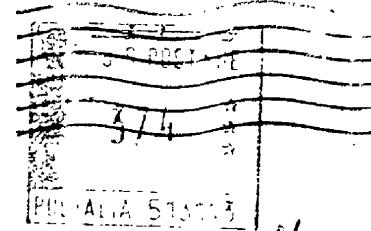
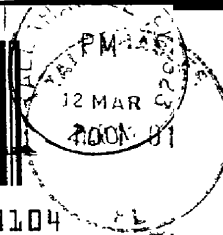
**CERTIFIED MAIL**

State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 9104



C2K, Inc.  
Donald F. Angle  
1340 Poydras Street  
New Orleans LA 70112-1276

**FINAL NOTICE**

4/2  
4/6  
4/16

C2K-340 701122017 1101 10 03/31/01  
NOTIFY SENDER OF NEW ADDRESS  
:CZK COMMUNICATION TO KNOWLEDGE  
PO BOX 11165  
NEW ORLEANS LA 70181-1165



DOCUMENT NUMBER - DATE

05061 APR 23

POST OFFICE ADDRESS

**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.

1. Article Addressed to:

C2K, Inc.  
Donald F. Angle  
1340 Poydras Street  
New Orleans LA 70112-1276

2. Article Number (Copy from service label)

7000 0600 0026 4144 9104

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

X

- Agent
- Addressee

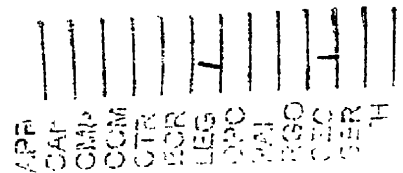
D. Is delivery address different from item 1?

If YES, enter delivery address below:

- Yes
- No

001482

Express Mail  
Return Receipt for Merchandise  
P.O.D.  
Registration Fee  Yes



APR 23 1991  
TAMPA FL  
MAIL ROOM