


ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 5-14-01
1. Article Addressed to:	C. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

Bayside Utility Services, Inc.
 Donald Rasmussen, Vice President
 200 Weathersfield Avenue
 Altamonte Springs, Florida 32714-4091

010726-WS
 max

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)
 7000 0600 0026 4144 3263

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

- APP _____
- CAF _____
- OMP _____
- CCM _____
- OTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC 1
- SER _____
- OTH _____

DOCUMENT NUMBER-DATE

06160 MAY 16 01

FPSC-RECORDS/REPORTING