

ORIGINAL

CERTIFIED MAIL

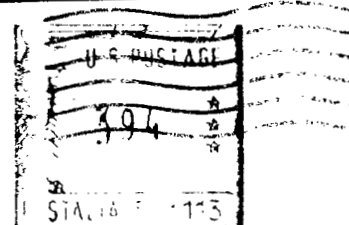
State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0856



7000 0600 0026 4144 6691



N/C
RECEIVED

Cheval Executive Center
Richard M. Owers
3939 Cheval Blvd.
Lutz FL 33549-5320

1st NOTICE 8/31
2nd NOTICE 9/13
RETURNED 9/18



Is your RETURN ADDRESS completed on the reverse side?

- SENDER:**
- Complete items 1 and/or 2 for additional services.
 - Complete items 3, 4a, and 4b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 10598

Cheval Executive Center
Richard M. Owers
3939 Cheval Blvd.
Lutz FL 33549-5320

6. Signature: (Addressee or Agent)
X

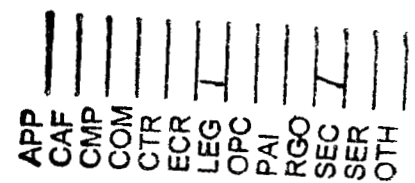
4a. Article Number

Certified
 Insured
and/or COD

Only if requested

Thank you for using Return Receipt Service.

010598-TC
1954-PAA



DOCUMENT NUMBER-DATE

12631 OCT-4 94

FPSC-COMMISSION OF PSC