CERTIFIED MAIL

State of Florida
Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

7000 0600 0026 4144 6523

NAME
1st Notice 10-22-01
2nd Notice 10-2
Return 11-6-01

Po Box 687
Cherry Hill, NJ
08003

Christopher Janis, CFO & Executive VP
The Furst Group, Inc.
~~459 Oakshade Road~~
~~Shamong, NJ 08088-9566~~

RTS RETURN TO SENDER

☐ INSUFFICIENT ADDRESS
☐ ATTEMPTED NOT KNOWN
☐ NO SUCH NUMBER/ STREET
☐ NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD
☒ OTHER

d 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:

Mr. Christopher Janis, CFO & Executive VP
The Furst Group, Inc.
~~459 Oakshade Road~~ Po Box 687
~~Shamong, NJ 08088-9566~~ Cherry Hill, NJ 08003

4a. Article Number

☐ Certified
☐ Insured
Merchandise ☐ COD

ress *(Only if requested and fee is paid)*

Thank you for using Return Receipt Service.

is your RET

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 Domestic Return Receipt

01 08 63 - TI ORIGINAL

2037 PPPA

DOCUMENT NUMBER-DATE
14530 NOV 15 =
FPSC-COMMISSION CLERK

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