

ORIGINAL

RECEIVED-FPSC

04 OCT 22 AM 11:38

COMMISSION CLERK

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 10/20
1. Article Addressed to: 040406	C. Signature X <i>Don Zapf</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Ocean Palms Beach Club, Inc. 2601 South Atlantic Avenue New Smyrna Beach FL 32169-3421	D. Is delivery address different from item 1? if YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Article Number (Transfer from st)	Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" 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	
7002 0860 0001 1758 8195		

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

Consummating Order
PSC-04-1005-CO-7C

DOCUMENT NUMBER-DATE

11437 OCT 22 3

FPSC-COMMISSION CLERK

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