

040936

RECEIVED #

DEC 17 AM 11:02

COMMISSION CLERK

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: 040936

Business Savings Plan Inc.  
 Ms. Gabrielle Ruelas  
 P. O. Box 50936  
 Irvine CA 92619-0936

COMPLETE THIS SECTION ON DELIVERY

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

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type
- Certified Mail  Express Mail
  - Registered  Return Receipt for Merchandise
  - Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7002 0860 0001 1758 2391

PS Form 3811, March 2001

Domestic Return Receipt

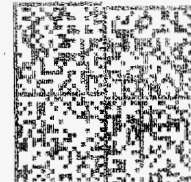
102595-01-M-1424

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850

7002 0860 0001 1758 2391



NAME \_\_\_\_\_  
 1st Notice DEC 17 2004  
 2nd Notice \_\_\_\_\_  
 RETURN \_\_\_\_\_

Business Savings Plan Inc.  
 Ms. Gabrielle Ruelas  
 P. O. Box 50936  
 Irvine CA 92619-0936

US PC  
 Mailed Fri  
 12/10/04  
 \$0.70  
 0478

BUSI936 926190936 1A03 14 12/10/04  
 RETURN TO SENDER  
 :BUSINESS SAVINGPLAN  
 BOX CLOSED  
 UNABLE TO FORWARD  
 RETURN TO SENDER

92619+0936 08

CMP  
 COM  
 CTR  
 ECR  
 GCL  
 OPC  
 MMS  
 RCA  
 SCR  
 SEC  
 OTH

psc-001-1198-PAA-7-E

DOCUMENT NUMBER - DATE

13251 DEC 17 03

FPSC-COMMISSION CLERK

ORIGINAL