

ORIGINAL

RECEIVED

06 DEC 21 AM 11:24

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.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 0410848

King Communications & Services, Inc  
 2727 Bayshore Drive, Suite 101  
 Naples FL 34112-5848

**COMPLETE THIS SECTION ON DELIVERY**

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

X  Agent  
 Addressee

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 7002 0860 0001 1758 5149  
 (Transfer from service label)

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 5149

047J82004132  
 \$04.42  
 12/13/2004  
 Mailed From 32399  
 US POSTAGE

King Communications & Services, Inc.  
 2727 Bayshore Drive, Suite 101  
 Naples FL 34112-5848

CMP \_\_\_\_\_  
 COM \_\_\_\_\_  
 CTR \_\_\_\_\_  
 ECR \_\_\_\_\_  
 GCL \_\_\_\_\_  
 OPC \_\_\_\_\_  
 MMS \_\_\_\_\_  
 RCA \_\_\_\_\_  
 SCR \_\_\_\_\_  
 SEC 1  
 OTH \_\_\_\_\_

DOCUMENT NUMBER DATE

13378 DEC 21 20

COMMISSION CLERK