

ORIGINAL

RECEIVED-FPSC

05 JAN 10 PM 2:51

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:
 040921
 MCG, LLC
 P. O. Box 330967
 Miami FL 33233-0967
 -CO-

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
 X Agent Addressee

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

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 5804

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

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

7002 0860 0001 1758 5804



047J82004132
 \$04.420
 12/27/2004
 Mailed From 32399
 US POSTAGE

RETURNED TO SENDER
~~MCG, LLC
 P. O. Box 330967
 Miami FL 33233-0967~~
**ATTEMPTED,
 NOT KNOWN**

4nk

1st NOTICE DEC 29 2004
 2nd NOTICE _____
 RETURNED _____

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

DOCUMENT NUMBER - DATE
 00317 JAN 10 '08
 FPSC-COMMISSION CLERK