

ORIGINAL

RECEIVED

JAN 26 3:22 PM '04

COMMISSION CLERK

040910-TI

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:

040910

L.O.M.
8405 N.W. 29th Street
Miami FL 33122-1924

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

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 5743

State of Florida PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

7002 0860 0001 1758 5743

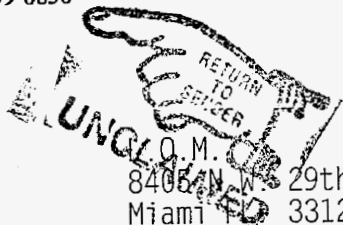


047J82004132

\$04.420

12/27/2004

Mailed From 32399
US POSTAGE

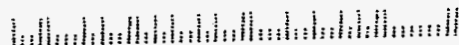


L.O.M.
8405 N.W. 29th Street
Miami FL 33122-1924

Mad
10/1/04

PSC-04-1277-CO-TI

32399/0850



CMP
COM
CTR
ECR
GCL
OPC
MMS
RCA
SCR
SEC
OTH

DOCUMENT NUMBER - DATE

00955 JAN 26 08

FPSC-COMMISSION CLERK