

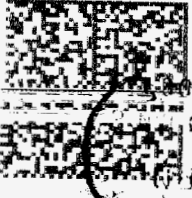
ORIGINAL

1st NOTICE 1/12/05
2nd NOTICE 1/19
RETURNED 1-29

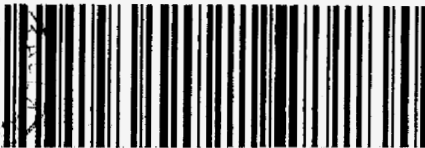
US POSTAGE
Mailed From 32399

01/10/2005

047182804132



7002 0860 0001 1759 7524



REASON CHECKED
Unclaimed Refused
Attempted - Not known
Insufficient address
No Such Recipient
No Such Office in State
No Such Number
Second Chance Phone Mail Base Envelope
P. O. Box 487
Brooksville FL 34605-0487

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

State of Florida Public Service Commission

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:
011147

Second Chance Phone
P. O. Box 487
Brooksville FL 34605-0487

PSC-05-0027-CO-TX

2. Article Number
(Transfer from service label)

7002 0860 0001 1759 7524

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

Domestic Return Receipt 102595-01-M-1424

AP
CC
CTE
ECP
GCL
OPC
MMS
RCA
SCR
SEC
OTH

DOCUMENT NUMBER-DATE

01371 FEB-7 05

FPSC-COMMISSION CLERK