

ORIGINAL

RECEIVED PPSO

FEB -9 PM 2:28

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: 040910
 U.S.M.
 8405 N.W. 29th Street
 Miami FL 33122-1924

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature _____

X Addressee Other

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 No

2. Article Number (Transfer from service label) 7002 0860 0001 1755 7139

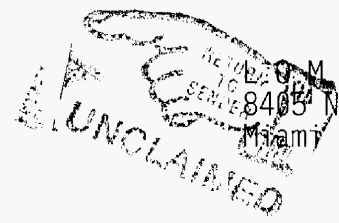
State of Florida PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

Public Service Commission

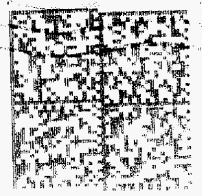
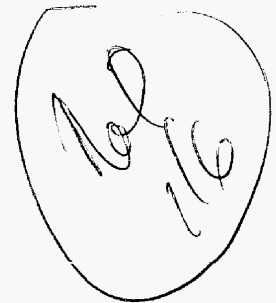
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7002 0860 0001 1755 7139



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



047J82004132
\$04.420
01/04/2005
Mailed From 32399
US POSTAGE

PSC-04-1277A-CO-77

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

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