

ORIGINAL

60 FEB 28 PM 3:05

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:

041028

Johnny Leverock's Seafood House
4354 Seabreeze Drive
Jacksonville FL 32250-2127

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?
If YES, enter delivery address below: Yes
 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)

7002 0860 0001 1759 7746

State of Florida

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

Public Service Commission

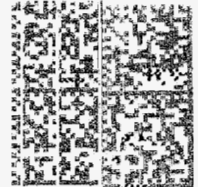
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

7002 0860 0001 1759 7746

FOE 5037
92

Johnny Leverock's Seafood House
4354 Seabreeze Drive
Jacksonville FL 32250-2127

047382004412
\$04.420
01/18/2006
Mailed From 32399
US POSTAGE



PSC-05-0056-CO-TC 32399X0850250+2127

CMP
COM
CTR
ECR
GCL
OPC
MMS
RCA
SCR
SEC
OTH

DOCUMENT NUMBER DATE

02011 FEB 28 98

FPS-COMMISSION CLERK