

ORIGINAL

RECEIVED-FPSC

AUG 17 AM 9:25

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: 050363
 Southeastern Services, Inc.
 1165 South 6th Street
 Macclenny FL 32063-4620

- Co -

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 8-15-05

C. Signature x Tracy Holland Agent
 Addressee

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

Tracy Holland

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 1760 9845

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC 1
- OTH _____

PSC-05-0817-CO-TX

DOCUMENT NUMBER-DAT
07965 AUG 17 '05
 FPSC-COMMISSION CLERK