

ORIGINAL

RECEIVED FPSC

05 AUG 18 AM 10:03

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>8-15-05</u>
1. Article Addressed to: <p style="text-align: center;"><u>050363</u></p> <p style="text-align: center;"><u>Order Vacating -</u></p> <p>Southeastern Services, Inc. 1165 South 6th Street Macclenny FL 32063-4620</p>	C. Signature <u>x Tracy Hill</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <p style="text-align: center;"><u>Tracy Hill</u></p>
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

PSC-05-0820 - FOF - TP

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

DOCUMENT NUMBER-DATE

08010 AUG 18 03

FPSC-COMMISSION CLERK