

052091

RECEIVED - PSC

JAN 19 AM 11:07

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: 050691 PSC-05-1237
 [Redacted]
 856 Tor
 Jacksonville, FL

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature _____
 Agent
 Addressee

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

2. Article Number 7004 1160 0004 5750 7049
 (Transfer from service label)

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

7004 1160 0004 5750 7049
 [Barcode]

102595-01-M-1424

047J82004132
\$04.650
 12/19/2005
 Mailed From 32399
 US POSTAGE

12/21/05
 455
 JACKSONVILLE, FL MAIL SECTION
 UNCLAIMED
 [Redacted]

ORIGINAL

1/4
1/12

PSC-05-1237-AAA-TC

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

DOCUMENT NUMBER - DATE

00499 JAN 19 08

FPSC-COMMISSION CLERK