

RECEIVED-PPSC

US FEB -6 PM 3: 13

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: 050756

**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  
 If YES, enter delivery address below:  No

BW Consulting, L.L.C.  
 123 Luckie Street, N.W., Suite 1507  
 Atlanta GA 30303-2166

PSC-06-0051-CO-TI

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 5751 1619  
 (Transfer from service label)

ORIGINAL

State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

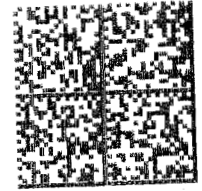


7004 1160 0004 5751 1619

047J82604182  
**\$04.640**  
 01/20/2006  
 Mailed From 32399  
**US POSTAGE**

BW Consulting, L.L.C.  
 123 Luckie Street, N.W., Suite 1507  
 Atlanta GA 30303-2166

*Umata*  
*220*



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

DOCUMENT NUMBER-DATE

01039 FEB-6 98

PPSC-COMMISSION CLERK