

PSC-05-1258-PAA-TH

State of Florida
Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

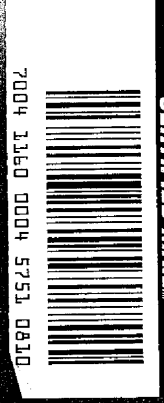
State of Florida
Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Chase Communications
P. O. Box 46671
Tampa FL 33647-0106

FINAL NOTICE

FINAL NO

12/30



CMP _____
COM _____
G11 _____
EQ _____
SO _____
R6 _____
S4 _____
S5 _____
S6 _____
S7 _____
S8 _____

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. 		<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p>	
<p>1. Article Addressed to: PSC-05-1258 050800</p> <p>Chase Communications P. O. Box 46671 Tampa FL 33647-0106</p> <p style="text-align: right;">PAA</p>		<p>C. Signature _____</p> <p><input checked="" type="checkbox"/> X _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>	
<p>2. Article Number (Transfer from service label) 7004 1160 0004 5751 0810</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, March 2001</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center;">Domestic Return Receipt</p>	



DOCUMENT NUMBER-DA
01453 FEB 20 08
FPSC-COMMISSION CLEAR