

RECEIVED-FPSC

06 JUL 31 PM 3:21

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: *060465*

Mintesnot Hailemariam  
2315 Cypress Cove Drive  
Tallahassee, FL 32310-6347

2. Article Number  
(Transfer from service label)

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

*PSC-06-0614-PAA-TC*  
7004 1160 0004 5751 3859

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature *[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

ORIGINAL

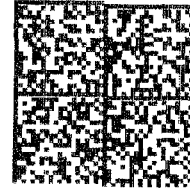
State of Florida

**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7004 1160 0004 5751 3859



Repost

US POSTAGE  
Mailed From 32399  
07/20/2006  
**\$04.640**  
047J82004132

*Atk Bank.  
Does not live at this  
address  
7-22-06  
1880*

Mintesnot Hailemariam  
2315 Cypress Cove Drive  
Tallahassee, FL 32310-6347

**ATTEMPTED  
NOT KNOWN**

CMP  
COM  
CTR  
ECR  
GCL  
OPC  
RCA  
SCR  
SGA  
SEC  
OTH

DOCUMENT NUMBER-DATE

06836 JUL 31 90

FPSC-COMMISSION CLERK