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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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
1. Article Addressed to: 050595 Four Points Utility Corporation	If YES, enter delivery address below: No
101*Golden Malay Palm Way Davenport FL 33897-8602	Service Type Certified Mail Registered Keturn Receipt for Merchandise Insured Mail C.O.D.
PSC-06-0753-SC-WS	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7005 1160 0003 8789 6113	
PS Form 3811, March 2001 Domestic Re	turn Receipt 102595-01-M-1424

DOCUMENT NUMBER-DATE

08281 SEP 128

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