

ORIGINAL

RECEIVED- FPSC

07 MAR 14 AM 9:25

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: 760262

Labrador Utilities, Inc.  
Mr. Patrick C. Flynn  
200 Weathersfield Avenue  
Altamonte Springs FL 32714-4027

PSC-07-0217-CO-WS

2. Article Number  
(Transfer from service label)

7006 0810 0002 3488 0555

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Addressee  
*[Signature]*  Agent

B. Received by (Printed Name) C. Date of Delivery  
F. TROVINGEK 3/12/07

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

DOCUMENT NUMBER-DATE

02295 MAR 14 6

FPSC-COMMISSION CLERK