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JONATHAN M. COSTELLO
MARGARET A. MENDUNI

June 25, 2007

ORIGINAL

Ms. Ann Cole, Director
Commission Clerk and Administrative Services
Florida Public Service Commission
2540 Shumard Oak Boulevard
Betty Easley Conference Center
Room 110
Tallahassee, FL 32399-0850

HAND DELIVERY

RECEIVED-FPSC
07 JUN 25 PM 4:38
COMMISSION CLERK
R. V. N.

Re: Docket No. 060368-WS

Dear Ms. Cole:

Enclosed for filing on behalf of Aqua Utilities Florida, Inc. ("AUF") are the original and fifteen copies of Aqua's Notice of Filing Affidavit of Mailing Notices of Customer Service Hearings for Sebring, Lakeland, New Port Richey, Oviedo and Mt. Dora Service Hearings.

Please acknowledge receipt of these documents by stamping the extra copy of this letter "filed" and returning the copy to me.

Thank you for your assistance with this filing.

Sincerely,

Martin P. McDonnell for
Kenneth A. Hoffman

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL 3 KAH/rl
Enclosures
- OPC _____
cc: All Parties of Record
- RCA 1
F:\USERS\ROXANNE\aquautilities\Cole.june 25 07.wpd
- SCR _____
- SGA _____
- SEC _____
- OTH _____

DOCUMENT NUMBER-DATE

05054 JUN 25 07

FPSC-COMMISSION CLERK

BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

ORIGINAL

In Re: Application for increase in water and)
wastewater rates in Alachua, Brevard,)
Highlands, Lake, Lee, Marion, Orange,)
Palm Beach, Pasco, Polk, Putnam,)
Seminole, Sumter, Volusia, and Washington)
Counties by Aqua Utilities Florida, Inc.)
_____)

Docket No. 060368-WS

Filed: June 25, 2007

RECEIVED-FPSC
07 JUN 25 PM 4:39
COMMISSION
CLERK

**AQUA UTILITIES FLORIDA, INC.'S
NOTICE OF FILING AFFIDAVIT OF
MAILING NOTICES OF CUSTOMER SERVICE
HEARINGS FOR SEBRING, LAKELAND, NEW PORT
RICHEY, OVIEDO AND MT. DORA
SERVICE HEARINGS**

Aqua Utilities Florida, Inc. ("AUF"), by and through its undersigned counsel, hereby files and serves Notice of filing the attached Affidavit of Mailing Notices of Customer Service Hearings for the Sebring, Lakeland, New Port Richey, Oviedo and Mt. Dora.

Respectfully submitted this 25th day of June, 2007.

Martha P. Hoffman for
Kenneth A. Hoffman, Esquire
Marsha E. Rule, Esquire
Rutledge, Ecenia, Purnell & Hoffman, P.A.
P.O. Box 551
Tallahassee, Florida 32302 -0551
(850) 681- 6788 (Telephone)
(850) 681 - 6515 (Facsimile)

DOCUMENT NUMBER-DATE

05054 JUN 25 07

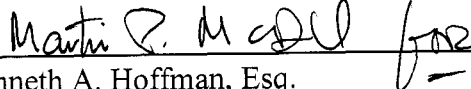
FPSC-COMMISSION CLERK

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing was furnished by U. S. Mail this 25th day of June, 2007 to the following:

Stephen C. Reilly, Esq.
Associate Public Counsel
Office of Public Counsel
111 West Madison Street
Room 812
Tallahassee, FL 32399-1400

Rosanne Gervasi, Esq.
Ralph Jaeger, Esq.
Katherine Fleming, Esq.
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



Kenneth A. Hoffman, Esq.

BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

In re: Application for increase in water)
And wastewater rates in Alachua, Brevard,)
Highlands, Lake, Lee, Marion, Orange, Palm)
Beach, Pasco, Polk, Putnam, Seminole,)
Sumter, Volusia, and Washington Counties)
by AquaSource Utility, Inc. d/b/a Aqua)
Utilities Florida, Inc., Arredondo Utility)
Company, Inc. d/b/a Aqua Utilities)
Florida, Inc., Jasmine Lakes Utilities)
Corporation d/b/a Aqua Utilities)
Florida, Inc., Crystal River Utilities, Inc.)
d/b/a Aqua Utilities Florida, Inc., Ocala)
Oaks Utilities, Inc. d/b/a Aqua Utilities)
Florida, Inc. and Aqua Utilities Florida, Inc.)

Docket No. 060368-WS
Filed: June 25, 2007

**AFFIDAVIT OF MAILING NOTICES OF
CUSTOMER SERVICE HEARINGS FOR
SEBRING, LAKE LAND, NEW PORT RICHEY,
OVIEDO AND MT. DORA SERVICE HEARINGS**

STATE OF FLORIDA

COUNTY OF LAKE

BEFORE ME, the undersigned authority, authorized to administer oaths and take acknowledgments, personally appeared JOHN M. LIHVARIK, who after being duly sworn on oath, deposes and states as follows:

1. That I am employed by Aqua Utilities Florida, Inc. ("AUF") as its Vice-President and Chief Operating Officer. As part of my duties and responsibilities, and under my direction and supervision, AUF, pursuant to Rule 25-22.0407(06)(a), Florida Administrative Code, provided Notices of the following Customer Service Hearings to the customers of the following systems:

<u>Location</u>	<u>Systems</u>
Sebring	Lake Josephine, Sebring Lakes, Leisure Lakes
Lakeland	Lake Gibson Estates, Gibsonia Estates, Village Water, Orange Hill/Sugar Creek, Rosalie Oaks, Zephyr Shores
New Port Richey	Palm Terrace, Jasmine Lakes, The Woods, Zephyr Shores,
Oviedo	Tomoka/Twin Rivers, Florida Central Commerce Park, Harmony Homes, Chuluota, Oakwood, Kingswood
Mt. Dora	Carlton Village, Hobby Hills, Skycrest, Piney Woods, J. Swiderski – Kings Cove, Valencia Terrace, Picciola Island, Fern Terrace, Morningview, Ravenswood, Stone Mountain, Palms Mobile Home Park, Friendly Center, East Lake Harris Estates, Venetian Village, Tangerine, J. Swiderski – Summit Chase, Imperial Mobile Terrace, Silver Lakes Estates/Western Shores, J. Swiderski – 48 Estates, Haines Creek, Grand Terrace, Quail Ridge, The Woods

2. Copies of such Notices of Customers Service Hearings, in the forms attached hereto as Composite Exhibit A, were provided by regular United States Mail, on the following dates:

<u>Location</u>	<u>Date of Mailing</u>
Sebring	May 22, 2007
Lakeland	May 22, 2007
New Port Richey	May 22, 2007
Oviedo	May 30, 2007
Mt. Dora	May 30, 2007

A copy of the documentation verifying the mailing of said Notices on May 22, 2007 and May 30, 2007 is attached hereto as Exhibit B.

3. Further Affiant sayeth not.

[Handwritten Signature]

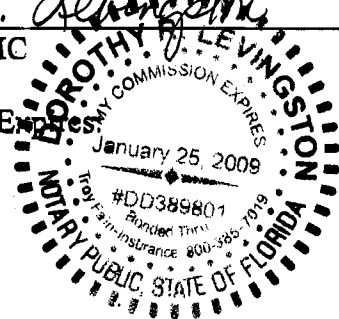
JOHN M. LIHVARIK

State of Florida
County of Lake

Sworn to and subscribed before me this 25th day of June, 2007, by JOHN M. LIHVARIK, who is personally known to me.

[Handwritten Signature]
NOTARY PUBLIC

My Commission Expires



Aquautilities\Lihvarcikaffidavitmay2807.doc

Legal Notice

Notice of Commission Customer Service Hearings

RE: Application by Aqua Utilities Florida, Inc. (Utility) for rate increase in Alachua, Brevard, Highlands, Lake, Lee, Marion, Orange, Palm Beach, Pasco, Polk, Putnam, Seminole, Sumter, Volusia and Washington counties, Florida. (Docket No. 060368-WS)

Date of Publication: May 22, 2007

Notice is hereby given that the Florida Public Service Commission will hold customer service hearings in the above-referenced docket to consider the Utility's application for an increase in water and wastewater rates in Alachua, Brevard, Highlands, Lake, Lee, Marion, Orange, Palm Beach, Pasco, Polk, Putnam, Seminole, Sumter, Volusia and Washington counties, Florida. The purpose of the customer service hearings is to allow customers the opportunity to comment on the Utility's proposed final rates or service. The nearest customer service hearing to you will be conducted at the following time and place:

Date and Time: June 13, 2007 at 10:00 a.m.

Place: Highlands County Administration Building
Board Chambers (Room B104)
600 Commerce Street
Sebring, FL 33871

At the hearing, customers will be given opportunity to present testimony and other evidence concerning the Utility's proposed rates or service. All witnesses shall be subject to cross-examination at the conclusion of their testimony.

Any customer comments regarding the Utility's service or the proposed rate increase should be addressed to the Office of Commission Clerk, Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850. Such comments should identify Docket No. 060368-WS assigned to this proceeding.

Any person requiring some accommodation at this hearing because of a physical impairment should call the Commission's Division of Regulatory Compliance and Consumer Assistance at 800.342.3552 at least 48 hours prior to the hearing. Any person who is hearing or speech impaired, please contact the Florida Public Service Commission using the Florida Relay Service, which can be reached at 800.955.8771 (TDD).



Legal Notice

Notice of Commission Customer Service Hearings

RE: Application by Aqua Utilities Florida, Inc. (Utility) for rate increase in Alachua, Brevard, Highlands, Lake, Lee, Marion, Orange, Palm Beach, Pasco, Polk, Putnam, Seminole, Sumter, Volusia and Washington counties, Florida. (Docket No. 060368-WS)

Date of Publication: May 22, 2007

Notice is hereby given that the Florida Public Service Commission will hold customer service hearings in the above-referenced docket to consider the Utility's application for an increase in water and wastewater rates in Alachua, Brevard, Highlands, Lake, Lee, Marion, Orange, Palm Beach, Pasco, Polk, Putnam, Seminole, Sumter, Volusia and Washington counties, Florida. The purpose of the customer service hearings is to allow customers the opportunity to comment on the Utility's proposed final rates or service. The nearest customer service hearing to you will be conducted at the following time and place:

Date and Time: June 13, 2007 at 6:00 p.m.
Place: City Commission Chambers (3rd Floor)
228 S. Massachusetts Avenue
Lakeland, FL 33801

At the hearing, customers will be given opportunity to present testimony and other evidence concerning the Utility's proposed rates or service. All witnesses shall be subject to cross-examination at the conclusion of their testimony.

Any customer comments regarding the Utility's service or the proposed rate increase should be addressed to the Office of Commission Clerk, Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850. Such comments should identify Docket No. 060368-WS assigned to this proceeding.

Any person requiring some accommodation at this hearing because of a physical impairment should call the Commission's Division of Regulatory Compliance and Consumer Assistance at 800.342.3552 at least 48 hours prior to the hearing. Any person who is hearing or speech impaired, please contact the Florida Public Service Commission using the Florida Relay Service, which can be reached at 800.955.8771 (TDD).

Legal Notice

Notice of Commission Customer Service Hearings

RE: Application by Aqua Utilities Florida, Inc. (Utility) for rate increase in Alachua, Brevard, Highlands, Lake, Lee, Marion, Orange, Palm Beach, Pasco, Polk, Putnam, Seminole, Sumter, Volusia and Washington counties, Florida. (Docket No. 060368-WS)

Date of Publication: May 22, 2007

Notice is hereby given that the Florida Public Service Commission will hold customer service hearings in the above-referenced docket to consider the Utility's application for an increase in water and wastewater rates in Alachua, Brevard, Highlands, Lake, Lee, Marion, Orange, Palm Beach, Pasco, Polk, Putnam, Seminole, Sumter, Volusia and Washington counties, Florida. The purpose of the customer service hearings is to allow customers the opportunity to comment on the Utility's proposed final rates or service. The nearest customer service hearing to you will be conducted at the following time and place:

Date and Time: June 20, 2007 at 10:00 a.m. and 6:00 p.m.

Place: West Pasco Government Center
County Commission Board Room (Suite 160)
7530 Little Road
New Port Richey, FL 34654

At the hearing, customers will be given opportunity to present testimony and other evidence concerning the Utility's proposed rates or service. All witnesses shall be subject to cross-examination at the conclusion of their testimony.

Any customer comments regarding the Utility's service or the proposed rate increase should be addressed to the Office of Commission Clerk, Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850. Such comments should identify Docket No. 060368-WS assigned to this proceeding.

Any person requiring some accommodation at this hearing because of a physical impairment should call the Commission's Division of Regulatory Compliance and Consumer Assistance at 800.342.3552 at least 48 hours prior to the hearing. Any person who is hearing or speech impaired, please contact the Florida Public Service Commission using the Florida Relay Service, which can be reached at 800.955.8771 (TDD).

Legal Notice

Notice of Commission Customer Service Hearings

RE: Application by Aqua Utilities Florida, Inc. (Utility) for rate increase in Alachua, Brevard, Highlands, Lake, Lee, Marion, Orange, Palm Beach, Pasco, Polk, Putnam, Seminole, Sumter, Volusia and Washington counties, Florida. (Docket No. 060368-WS)

Date of Publication: May 30, 2007

Notice is hereby given that the Florida Public Service Commission will hold customer service hearings in the above-referenced docket to consider the Utility's application for an increase in water and wastewater rates in Alachua, Brevard, Highlands, Lake, Lee, Marion, Orange, Palm Beach, Pasco, Polk, Putnam, Seminole, Sumter, Volusia and Washington counties, Florida. The purpose of the customer service hearings is to allow customers the opportunity to comment on the Utility's proposed final rates or service. The nearest customer service hearing to you will be conducted at the following time and place:

Date and Time: June 26, 2007 at 10:00 a.m.

Place: City of Oviedo City Hall
City Council Chambers
400 Alexandria Boulevard
Oviedo, FL 32765

At the hearing, customers will be given opportunity to present testimony and other evidence concerning the Utility's proposed rates or service. All witnesses shall be subject to cross-examination at the conclusion of their testimony.

Any customer comments regarding the Utility's service or the proposed rate increase should be addressed to the Office of Commission Clerk, Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850. Such comments should identify Docket No. 060368-WS assigned to this proceeding.

Any person requiring some accommodation at this hearing because of a physical impairment should call the Commission's Division of Regulatory Compliance and Consumer Assistance at 800.342.3552 at least 48 hours prior to the hearing. Any person who is hearing or speech impaired, please contact the Florida Public Service Commission using the Florida Relay Service, which can be reached at 800.955.8771 (TDD).

Legal Notice

Notice of Commission Customer Service Hearings

RE: Application by Aqua Utilities Florida, Inc. (Utility) for rate increase in Alachua, Brevard, Highlands, Lake, Lee, Marion, Orange, Palm Beach, Pasco, Polk, Putnam, Seminole, Sumter, Volusia and Washington counties, Florida. (Docket No. 060368-WS)

Date of Publication: May 30, 2007

Notice is hereby given that the Florida Public Service Commission will hold customer service hearings in the above-referenced docket to consider the Utility's application for an increase in water and wastewater rates in Alachua, Brevard, Highlands, Lake, Lee, Marion, Orange, Palm Beach, Pasco, Polk, Putnam, Seminole, Sumter, Volusia and Washington counties, Florida. The purpose of the customer service hearings is to allow customers the opportunity to comment on the Utility's proposed final rates or service. The nearest customer service hearing to you will be conducted at the following time and place:

Date and Time: June 27, 2007 at 10:00 a.m. and 6:00 p.m.
Place: Mount Dora Community Center Auditorium
520 Baker Street
Mount Dora, FL 32756

At the hearing, customers will be given opportunity to present testimony and other evidence concerning the Utility's proposed rates or service. All witnesses shall be subject to cross-examination at the conclusion of their testimony.

Any customer comments regarding the Utility's service or the proposed rate increase should be addressed to the Office of Commission Clerk, Florida Public Service Commission, 2540 Shumard Oak Boulevard, Tallahassee, Florida 32399-0850. Such comments should identify Docket No. 060368-WS assigned to this proceeding.

Any person requiring some accommodation at this hearing because of a physical impairment should call the Commission's Division of Regulatory Compliance and Consumer Assistance at 800.342.3552 at least 48 hours prior to the hearing. Any person who is hearing or speech impaired, please contact the Florida Public Service Commission using the Florida Relay Service, which can be reached at 800.955.8771 (TDD).

United States Postal Service
Postage Statement — First-Class Mail and Priority Mail

USPS Only: Note Mail Arrival Date & Time

MAILER - Use this form for either First-Class Mail or Priority Mail. They may not be combined.

CAJ **COPY**

Permit Holder's Name and Address, and Email Address If Any

Telephone
 670-489-4800

Name and Address of Mailing Agent (if other than permit holder)

Telephone

Name and Address of Individual or Organization for Which Mailing Is Prepared (if other than permit holder)

IPG PO# 51324-002

DELTONA

AQUA UTILITIES FL
 1100 THOMAS AVE
 LEESBURG, FL 34748

Innovative Print
 749 Pike Springs Rd.
 Phoenixville, PA 19460

CAPS Cust. Ref. ID

Dun & Bradstreet No.

Dun & Bradstreet No.

Dun & Bradstreet No.

MAILING

Post Office of Mailing Southeastern PA	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Parcels <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM 301.3)	Mailing Date 05/18/2007	Federal Agency Cost Code	Statement Seq. No.	No. and type of Containers 1' MM 5 2' MM 5 2' EMM Total Ltr. Trays 10 Flat Trays Sacks N/A
Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a Single Piece 0.0187 pounds	Total Pieces 2,224	Total Weight 41.7000		
Permit # 1221	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail	<input type="checkbox"/> Periodicals <input type="checkbox"/> Standard Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> ParcelPost			

For Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM 708.1.3)
 05/18/2007

POSTAGE

Parts Completed (select all that apply) A B C D S

Total Postage (Add section totals) \$ 706.05

Rate at Which Postage Affixed (Check one) (DMM 234.1.1)
 Correct Lowest Neither

_____ pcs. x \$ _____ = **Postage Affixed**

Net Postage Due (Subtract postage affixed from total postage) \$ 706.05

For USPS Use Only: Additional Postage Payment (State reason)

For postage affixed add additional payment to net postage due for permit imprint add additional payment to total postage

Total Adjusted Postage Affixed

Permit Imprint Only: Check One AIC 121 (First-Class Mail)
 PM Report Total Postage in AIC AIC 237 (Priority Mail)

Total Adjusted Postage Permit Imprint

CERTIFICATION

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Privacy Notice: For information regarding our Privacy Policy visit www.usps.com

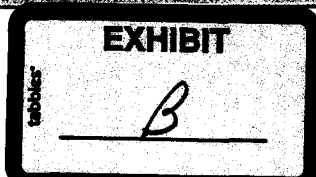
Signature of Mailer or Agent

Printed Name of Mailer or Agent Signing Form

Telephone

USPS USE ONLY

Weight of a Single Piece 0.0187 pounds	Are postage figures at left adjusted from mailer's entries? if yes, reason <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Total Pieces 2,224	Total Weight 26.99		
Total Postage 706.05			
Check One (if applicable) <input checked="" type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled	Date Mailer Notified	Contact	By (initials)
CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of annual fee (if required).			
Verifying Employee's Signature <i>[Signature]</i>	Print Verifying Employee's Name DANIEL	Time AM PM	Round Stamp (Required) SOUTHEASTERN PA MAY 30 2007 12598 USPS ACC02TP6 5.02.00



First-Class Mail

Part A
Automation Rates
Letters

Entry	Rate Category	Piece Rate X	No. of Pieces =	Pieces Subtotal	TOTAL
A5	5-Digit	0.3120 X	1,897 = \$	591.8640	591.8640
A6	3-Digit	0.3340 X	212 = \$	70.8080	70.8080
A7	AADC	0.3410 X	1 = \$	0.3410	0.3410
A8	Mixed AADC	0.3600 X	74 = \$	26.6400	26.6400

Part A Total

\$ 689.653

Part B
Nonautomation Rates
Letters

Entry	Rate Category	Piece Rate X	No. of Pieces =	Pieces Subtotal	TOTAL
B4	Single-Piece	0.4100 X	40 = \$	16.4000	16.4000

Part B Total

\$ 16.400

United States Postal Service
Postage Statement — First-Class Mail and Priority Mail

USPS Only: Note Mail Arrival Date & Time

MAILER - Use this form for either First-Class Mail or Priority Mail. They may not be combined.

Permit Holder's Name and Address, and Email Address If Any

Telephone
610-489-4800

Name and Address of Mailing Agent (if other than permit holder)
 Innovative Print
 749 Pike Springs Rd.
 Phoenixville, PA 19460

Telephone

Name and Address of Individual or Organization for Which Mailing Is Prepared (if other than permit holder)

IPG PO# 51324-002

MT DORA
 NEW PT RICHEY/MT DORA

CAPS Cust. Ref. ID

Dun & Bradstreet No.

Dun & Bradstreet No.

Dun & Bradstreet No.

MAILING

Post Office of Mailing Southeastern PA	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Parcels <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM 301.3)	Mailing Date 05/18/2007	Federal Agency Cost Code	Statement Seq. No.	No. and type of Containers 1' MM 7 2' MM 12 2' EMM Total Ltr. Trays 19 Flat Trays Sacks N/A
Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a Single Piece 0.0187 pounds	Total Pieces 5722	Total Weight 107-		
Permit # 1221	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail	<input type="checkbox"/> Periodicals <input type="checkbox"/> Standard Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> ParcelPost			

For Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM 708.1.3)
05/18/2007

POSTAGE

Parts Completed (select all that apply) A B C D S

Total Postage (Add section totals)

\$ 1855.22

Rate at Which Postage Affixed (Check one) (DMM 234.1.1)

Correct Lowest Neither

_____ pcs. x \$ _____ = **Postage Affixed**

Net Postage Due (Subtract postage affixed from total postage)

\$ 1855.22

For USPS Use Only: Additional Postage Payment (State reason)

For postage affixed add additional payment to net postage due. For permit imprint add additional payment to total postage.

Total Adjusted Postage Affixed

Permit Imprint Only - Check One AIC 121 (First-Class Mail) AIC 237 (Priority Mail)

Total Adjusted Postage Permit Imprint

CERTIFICATION

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Privacy Notice: For information regarding our Privacy Policy visit www.usps.com

Signature of Mailer or Agent

Printed Name of Mailer or Agent Signing Form

Telephone

USPS USE ONLY

Weight of a Single Piece
0.0187 pounds

Are postage figures at left adjusted from mailer's entries? If yes, reason: Yes No

Total Pieces
5722

Total Weight
0.0187

Total Postage
1855.22

Check One (If applicable)
 Presort Verification Not Scheduled Presort Verification Performed as Scheduled

Date Mailing Mailed
Contact
By (initials)

I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and presort, where required); (3) proper completion of postage statement; and (4) payment of annual fee, if required.

Verifying Employee's Signature
A. Shuman

Print Verifying Employee's Name
DORCA

Time
1 AM PM



First-Class Mail

Part A
Automation Rates
Letters

Entry	Rate Category	Piece Rate X	No. of Pieces =	Pieces Subtotal	TOTAL
A5	5-Digit	0.3120 X	4,470 = \$	1,394.6400	1,394.6400
A6	3-Digit	0.3340 X	324 = \$	108.2160	108.2160
A7	AADC	0.3410 X	1 = \$	0.3410	0.3410
A8	Mixed AADC	0.3600 X	561 = \$	201.9600	201.9600

Part A Total

\$ 1,705.157

Part B
Nonautomation Rates
Letters

Entry	Rate Category	Piece Rate X	No. of Pieces =	Pieces Subtotal	TOTAL
B4	Single-Piece	0.4100 X	366 =	150.06	

Part B Total

\$ 150.06

Postage Statement — First-Class Mail and Priority Mail

USPS Only: Note Mail Arrival Date & Time

MAILER - Use this form for either First-Class Mail or Priority Mail. They may not be combined.

Permit Holder's Name and Address, and Email Address If Any

Telephone
610-439-4800

Name and Address of Mailing Agent (If other than permit holder)

Innovative Print
749 Pike Springs Road
Phoenixville, PA 19460

Telephone

Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder)

IPG PO# 51324-002

SEBRING

AQUA UTILITIES FL
1100 THOMAS AVE
LEESBURG, FL 34748

CAPS Cust. Ref. ID _____
Dun & Bradstreet No. _____

Dun & Bradstreet No. _____

MAILING

Post Office of Mailing Southeastern PA	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Parcels <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM 301.3)	Mailing Date 05/18/2007	Federal Agency Cost Code	Statement Seq. No.	No. and type of Containers 1' MM 4 2' MM 2 2' EMM Total Ltr. Trays 6 Flat Trays Sacks N/A
Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a Single Piece 0.0187 pounds	Total Pieces 1,152	Total Weight 21.6000		
Permit # 1221	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail	<input type="checkbox"/> Periodicals <input type="checkbox"/> Standard Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> ParcelPost			

For Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM 708.1.3)
05/18/2007

POSTAGE

Parts Completed (select all that apply) A B C D S

Total Postage (Add section totals) \$ 374.37

Rate at Which Postage Affixed (Check one) (DMM 234.1.1)
 Correct Lowest Neither

_____ pcs. x \$ _____ = **Postage Affixed**

Net Postage Due (Subtract postage affixed from total postage) \$ 374.37

For USPS Use Only: Additional Postage Payment (State reason)	
For postage affixed add additional payment to total postage due; for permit imprint add additional payment to total postage	Total Adjusted Postage Affixed
Permit Imprint Only: Check One <input type="checkbox"/> AIC 721 (First-Class Mail) <input type="checkbox"/> AIC 237 (Priority Mail)	Total Adjusted Postage Permit Imprint

CERTIFICATION

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Privacy Notice: For information regarding our Privacy Policy visit www.usps.com

Signature of Mailer or Agent _____ Printed Name of Mailer or Agent Signing Form _____ Telephone _____

USPS USE ONLY

Weight of Single Piece 0 pounds	Are postage figures at len adjusted from mailer's entries? If yes, reason: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Pieces	Total Weight	
Total Postage		
Check One (if applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled	Date Mailing Mailed	Contact
		By (initials)
CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed, (2) proper preparation (and presort where required), (3) proper completion of postage statement and (4) payment of annual fee (if required)		
Verifying Employee's Signature	Print Verifying Employee's Name	Time AM PM



First-Class Mail

Part A

Automation Rates
Letters

Entry	Rate Category	Piece Rate X	No. of Pieces =	Pieces Subtotal	TOTAL
A5	5-Digit	0.3120 X	796 = \$	248.3520	248.3520
A6	3-Digit	0.3340 X	153 = \$	51.1020	51.1020
A7	AADC	0.3410 X	1 = \$	0.3410	0.3410
A8	Mixed AADC	0.3600 X	165 = \$	59.4000	59.4000

Part A Total

\$ 359.195

Part B

Nonautomation Rates
Letters

Entry	Rate Category	Piece Rate X	No. of Pieces =	Pieces Subtotal	TOTAL
B4	Single-Piece	0.4100 X	37 = \$	15.1700	15.1700

Part B Total

\$ 15.170

United States Postal Service
Postage Statement — First-Class Mail and Priority Mail

USPS Only Note Mail Arrival Date & Time

MAILER - Use this form for either First-Class Mail or Priority Mail. They may not be combined.

Permit Holder's Name and Address, and Email Address If Any AQUA UTILITIES FL 1100 THOMAS AVE LEESBURG, FL 34748	Telephone 610-489-4800	Name and Address of Mailing Agent (If other than permit holder) Innovative Print 749 Pike Springs Rd. Phoenixville, PA 19460	Telephone	Name and Address of Individual or Organization for Which Mailing Is Prepared (If other than permit holder) IPG PO# 51324-002 LAKELAND
CAPS Cust. Ref. ID _____ Dun & Bradstreet No. _____	Dun & Bradstreet No. _____		Dun & Bradstreet No. _____	

MAILING

Post Office of Mailing Southeastern PA	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Parcels <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM 301.3)	Mailing Date 05/18/2007	Federal Agency Cost Code	Statement Seq. No.	No. and type of Containers 1' MM 5 2' MM 4 2' EMM Total Ltr. Trays 9 Flat Trays Sacks N/A
Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a Single Piece 0.0187 pounds	Total Pieces 1,716	Total Weight 32.1750		
Permit # 1221	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail	<input type="checkbox"/> Periodicals <input type="checkbox"/> Standard Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> ParcelPost			

For Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM 708.1.3)
05/18/2007

POSTAGE

Parts Completed (select all that apply) A B C D S

Total Postage (Add section totals) \$ 548.19

Rate at Which Postage Affixed (Check one) (DMM 234.1.1)
 Correct Lowest Neither _____ pcs. x \$ = **Postage Affixed**

Net Postage Due (Subtract postage affixed from total postage) \$ 548.19

For USPS Use Only: Additional Postage Payment (State reason)	
For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage	Total Adjusted Postage Affixed
Permit Imprint Only - Check One <input type="checkbox"/> AIC 121 (First-Class Mail) <input type="checkbox"/> AIC 237 (Priority Mail)	Total Adjusted Postage Permit Imprint

CERTIFICATION

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Privacy Notice: For information regarding our Privacy Policy visit www.usps.com

Signature of Mailer or Agent	Printed Name of Mailer or Agent Signing Form	Telephone
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USPS USE ONLY		Are postage figures at left adjusted from mailer's entries? If yes, reason: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Weight of a Single Piece 0 pounds	Total Pieces 1,716	Total Weight 32.1750	Total Postage \$ 548.19
Check One (if applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled	Date Mailing Notified	Contact	By (Initials)
I CERTIFY that this mailing has been inspected concerning (1) eligibility for postage rates claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of annual fee (if required).			
Verifying Employee's Signature	Print Verifying Employee's Name	Time AM PM	Round Stamp (Required) SOUTHEASTERN PA 19399 - USPS

First-Class Mail

Part A

Automation Rates
Letters

Entry	Rate Category	Piece Rate X	No. of Pieces =	Pieces Subtotal	TOTAL
A5	5-Digit	0.3120 X	1,320 = \$	411.8400	411.8400
A6	3-Digit	0.3340 X	290 = \$	96.8600	96.8600
A7	AADC	0.3410 X	1 = \$	0.3410	0.3410
A8	Mixed AADC	0.3600 X	78 = \$	28.0800	28.0800

Part A Total

\$ 537.121

Part B

Nonautomation Rates
Letters

Entry	Rate Category	Piece Rate X	No. of Pieces =	Pieces Subtotal	TOTAL
B4	Single-Piece	0.4100 X	27 = \$	11.0700	11.0700

Part B Total

\$ 11.070

Postage Statement — First-Class Mail and Priority Mail

USPS Only: Note Mail Arrival Date & Time

MAILER - Use this form for either First-Class Mail or Priority Mail. They may not be combined.

Permit Holder's Name and Address, and Email Address If Any

Telephone
610-489-4800

Name and Address of Mailing Agent (if other than permit holder)

Innovative Print
749 Pike Springs Rd.
Phoenixville, PA 19460

Telephone

Name and Address of Individual or Organization for Which Mailing Is Prepared (if other than permit holder)

IPG PO# 51324-002

NEW PORT RICHEL

AQUA UTILITIES FL
1100 THOMAS AVE
LEESBURG, FL 34748

CAPS Cust. Ref. ID _____
Dun & Bradstreet No. _____

Dun & Bradstreet No. _____

Dun & Bradstreet No. _____

MAILING

Post Office of Mailing Southeastern PA	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Parcels <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM 301.3)	Mailing Date 05/18/2007	Federal Agency Cost Code	Statement Seq. No.	No. and type of Containers 1' MM 3 2' MM 7 2' EMM Total Ltr. Trays 10 Flat Trays Sacks N/A
Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a Single Piece 0.0187 pounds	Total Pieces 2,926	Total Weight 54.8625		
Permit # 1221	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail	<input type="checkbox"/> Periodicals <input type="checkbox"/> Standard Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> ParcelPost			

For Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM 708.1.3)
05/18/2007

POSTAGE

Parts Completed (select all that apply) A B C D S

Total Postage (Add section totals) \$ 926.34

Rate at Which Postage Affixed (Check one) (DMM 234.1.1)
 Correct Lowest Neither

_____ pcs. x \$ _____ = **Postage Affixed**

Net Postage Due (Subtract postage affixed from total postage) \$ 926.34

For USPS Use Only: Additional Postage Payment (State reason)

For postage affixed add additional payment to help postage due or permit imprint add additional payment to total postage

Total Adjusted Postage Affixed

Permit Imprint Only: Check one AIC (2) (First-Class Mail) AIC (237) (Priority Mail)

Total Adjusted Postage Permit Imprint

CERTIFICATION

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer, and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and that the mailing qualifies for the rates and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

Privacy Notice: For information regarding our Privacy Policy visit www.usps.com

Signature of Mailer or Agent

Printed Name of Mailer or Agent Signing Form

Telephone

USPS USE ONLY

Weight of a Single Piece _____ pounds	Are postage figures net adjusted from mailer's entries? If yes, reason _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Pieces	Total Weight	
Total Postage		
Check One (if applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled	Date Mailing Notified	Contact
By Initials		
I CERTIFY that this mailing has been inspected concerning: (1) eligibility for postage rates claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; and (4) payment of annual fees, if required.		
Verifying Employee's Signature	Print Verifying Employee's Name	Time AM PM



First-Class Mail

Part A

Automation Rates
Letters

Entry	Rate Category	Piece Rate X	No. of Pieces =	Pieces Subtotal	TOTAL
A5	5-Digit	0.3120 X	2,673 = \$	833.9760	833.9760
A7	AADC	0.3410 X	1 = \$	0.3410	0.3410
A8	Mixed AADC	0.3600 X	226 = \$	81.3600	81.3600

Part A Total

\$ 915.677

Part B

Nonautomation Rates
Letters

Entry	Rate Category	Piece Rate X	No. of Pieces =	Pieces Subtotal	TOTAL
B4	Single-Piece	0.4100 X	26 = \$	10.6600	10.6600

Part B Total

\$ 10.660

Postage Statement — First-Class Mail and Priority Mail

USPS Only: Note Mail Arrival Date & Time

MAILER - Use this form for either First-Class Mail or Priority Mail. They may not be combined.

Permit Holder's Name and Address, and Email Address If Any

Telephone
610-489-4800

Name and Address of Mailing Agent (if other than permit holder)

Telephone

Name and Address of Individual or Organization for Which Mailing is Prepared (if other than permit holder)

AQUA UTILITIES FL
1100 THOMAS AVE
LEESBURG, FL 34748

Innovative Print
749 Pike Springs Rd.
Phoenixville, PA 19460

IPG PO# 51324-002

LAKELAND/NEW PORT RICHIE

CAPS Cust. Ref. ID _____
Dun & Bradstreet No. _____

Dun & Bradstreet No. _____

Dun & Bradstreet No. _____

MAILING

Post Office of Mailing Southeastern PA	Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Parcels <input type="checkbox"/> Flats <input type="checkbox"/> Automation Flats (DMM 301.3)	Mailing Date 05/18/2007	Federal Agency Cost Code	Statement Seq. No.	No. and type of Containers 1' MM 4 2' MM 1 2' EMM Total Ltr. Trays 5 Flat Trays Sacks N/A
Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered	Weight of a Single Piece 0.0187 pounds	Total Pieces 703	Total Weight 13.1813		
Permit # 1221	For Mail Enclosed Within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail	<input type="checkbox"/> Periodicals <input type="checkbox"/> Standard Mail <input type="checkbox"/> Media Mail <input type="checkbox"/> ParcelPost			

For Automation Rate Pieces, Enter Date of Address Matching and Coding (DMM 708.1.3)
05/18/2007

POSTAGE

Parts Completed (select all that apply) A B C D S

Total Postage (Add section totals) \$ 229.58

Rate at Which Postage Affixed (Check one) (DMM 234.1.1)
 Correct Lowest Neither

_____ pcs. x \$ _____ = **Postage Affixed**

Net Postage Due (Subtract postage affixed from total postage) \$ 229.58

For postage affixed add additional payment to net postage due. (See permit imprint) add additional payment to total postage.	Total Adjusted Postage Affixed
Permit Imprint Only (Check One) <input type="checkbox"/> AIC 421 (First-Class Mail) P/M for Return Total Postage in A/C <input type="checkbox"/> AIC 237 (Priority Mail)	Total Adjusted Postage Permit Imprint

CERTIFICATION

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Privacy Notice: For information regarding our Privacy Policy visit www.usps.com

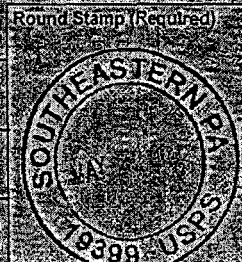
Signature of Mailer or Agent

Printed Name of Mailer or Agent Signing Form

Telephone

USPS USE ONLY

Weight of a Single Piece (0) pounds	Are postage figures at left adjusted from mailer's entries for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Pieces	Total Weight
Total Postage	
Check One (if applicable) <input type="checkbox"/> Presort Verification Not Scheduled <input type="checkbox"/> Presort Verification Performed as Scheduled	Date Mailed Mailed: _____ Contact: _____ By (initials): _____
I CERTIFY this mailing has been inspected concerning (1) eligibility for postage rates claimed, (2) proper preparation (and presort, where required), (3) proper completion of postage statement, and (4) payment of annual fees (if required).	
Verifying Employee's Signature	Print Verifying Employee's Name: _____ Time: _____ AM/PM



First-Class Mail

Part A

Automation Rates
Letters

Entry	Rate Category	Piece Rate X	No. of Pieces =	Pieces Subtotal	TOTAL
A5	5-Digit	0.3120 X	509 = \$	158.8080	158.8080
A7	AADC	0.3410 X	1 = \$	0.3410	0.3410
A8	Mixed AADC	0.3600 X	174 = \$	62.6400	62.6400

Part A Total

\$ 221.789

Part B

Nonautomation Rates
Letters

Entry	Rate Category	Piece Rate X	No. of Pieces =	Pieces Subtotal	TOTAL
B4	Single-Piece	0.4100 X	19 = \$	7.7900	7.7900

Part B Total

\$ 7.790