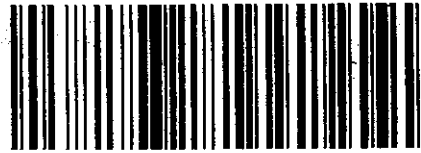


CERTIFIED MAIL™

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7004 1160 0004 5751 2951



CLERK
COMMISSION
US POS

AM 10:38:05.320
06/20/2008

047182004108

6-23-08
6-30-08
7-9

Christopher Vellanti
P. O. Box 273942
Tampa FL 33688

UNCLAIMED

NIXIE

3161 1

20 07/10/08

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
RETURN TO SENDER

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:

080124

Christopher Vellanti
P. O. Box 273942
Tampa FL 33688-3942

2. Article Number

(Transfer from service label)

7004 1160 0004 5751 2951

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

PEC-08-0405-PAA-TC

FPSC-COMMISSION CLERK

06111 JUL 16 08

DOCUMENT NUMBER-DATE