

State of Florida

# Public Service Commission

Fletcher Building, 101 East Gaines Street  
Tallahassee, Florida 32399-0850

*Wrong address*

AVS, INC  
P. O. Box 12402  
Lake Park FL 33403-2402

CERTIFIED MAIL  
Return Receipt Requested  
No. *96-0261*



10/19  
10/23  
11/2

### SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

AVS, INC  
P. O. Box 12402  
Lake Park FL 33403-2402

14a. Article Number *96-0261*

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

- Certified
- Insured
- Registered Mail
- COD

5. Received by: (Print name)

6. Signature: (Addressee or Agent)

**X**

9. Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

DOCUMENT NUMBER-DATE

11486 OCT 29 88

FPSC-RECORDS/REPORTING