

State of Florida

Public Service Commission

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

961021-TC

CERTIFIED MAIL

Return Receipt Requested

No. 96 331

Myriam Grau
45 Olive Drive
Hialeah FL 33010-5213



Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- 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.

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

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

4a. Article Number **96331**

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

3. Article Addressed to:

Myriam Grau
45 Olive Drive
Hialeah FL 33010-5213

6. Signature (Agent)

PS Form 3811, December 1991 U.S. GPO: 1993-303-714 DOMESTIC RETURN RECEIPT

DOCUMENT NO.
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