

State of Florida

# Public Service Commission

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

CERTIFIED MAIL

Return Receipt Requested

No. 96-0307.....

FOR REASON SHOWN BY  
SIGNOR/REMIANT

JACKSONVILLE, FL *Not in possession of funds*  
*out of funds*

Howard J. Higgins  
3100 North Main Street  
Jacksonville, FL 32206-2125



Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a & 5.
- 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 96-0307-TC

4a. Article Number: 96-0307

4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise

5. Signature (Addressee)

Howard J. Higgins  
3100 North Main Street  
Jacksonville FL 32206-2125

6. Signature (Sender)

7. Date of Delivery

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

Thank you for using Return Receipt Service.

PS Form 3849, Domestic, 1991 U.S. GPO: 1993-002-714

**DOMESTIC RETURN RECEIPT**

DOCUMENT NUMBER-DATE  
12772 DEC-2 1996  
FPSC-RECORDS/REPORTING