

ORIGINAL
FILE COPY

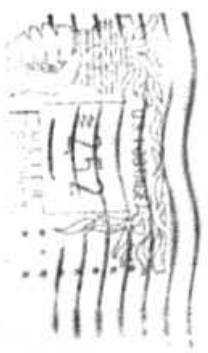
Florida Public Service Commission
Division of Records & Reporting
2540 Shumard Oak Blvd
Tallahassee, Florida 32301

CERTIFIED MAIL
No. 97-0009

33611-5028 B6

POSTAGE WILL BE PAID BY ADDRESSEE
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

RECEIVED
RETURN TO SENDER
DECLINED TO DELIVER
UNDELIVERED
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES
John A. Holmes
6221 Kelly Road
Tampa, FL 33611-5028



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.

3. Article Addressed to: **961509**

4a. Article Number **97-0009**

Service Type
 Insured
 COD
 Return Receipt for Merchandise

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

5. Addressee's Address (Only if requested see is paid)

6. Signature (Agent)

John A. Holmes
6221 Kelly Road
Tampa FL 33611-5028

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 U.S. GPO 1990-300-714 DOMESTIC RETURN RECEIPT

DOCUMENT NUMBER-DATE
01688 FEB 17 75
FPSC-RECORDS/REPORTING