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State of Florida

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

CERTIFIED MAIL  
 Registered Mail  
 No. 97-009

Amram Avinoam  
 7544 Andorra Place  
 Boca Raton FL 33433-4958

RETURNED TO SENDER  
 UNCLAIMED AT  
 BOCA RATON, FL

Note  
 2-14-97

1st Notice  
 2nd Notice  
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or RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> • Complete items 1 and/or 2 for additional services. • Complete items 3, 4a, 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.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to:  Amram Avinoam 7544 Andorra Place Boca Raton FL 33433-4958		4a. Article Number 97-009	
5. Received By: (Print Name)		4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
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