

State of Florida

Public Service Commission

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0000

NOT FORWARDED
STATE COMPTROLLER
DEPT. OF BANKING & FINANCE
UNPAID
RETURN
TO
SEAL CR

6/22/97
7118

MAY 20 1997

252

Counterbalance Investments, Inc.
10109 Twin Lakes Drive
Coral Springs FL 33071-5355

NAME
1st Notice
2nd Notice
Return

CERTIFIED MAIL
Return Receipt Requested
No. 97-0096



DOCUMENT NO.
DATE

Is your RETURN to be returned to the sender?	SENDER: <ul style="list-style-type: none"> • 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: <u>97-0096</u>		4a. Article Number <u>97-0096</u>	
Counterbalance Investments, Inc. 10109 Twin Lakes Drive Coral Springs FL 33071-5355		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD		
5. Received By: (Print Name)		7. Date of Delivery		
6. Signature: (Addressee or Agent) X		8. Addressee's Address (Only if requested and fee is paid)		
PS Form 3811, December 1994		Domestic Return Receipt		

Thank you for using Return Receipt Service.

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