

01251 JAN 22 98

DOCUMENT NUMBER-DATE

Florida Public Service Commission  
Division of Records and Reporting  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32309-0850

ACK  
22 42 01/14 1998



CLERKFIELD MAIL  
Return Receipt Requested  
No. ....

Adam A. Staple  
5775 Gardens Drive  
Sarasota FL 34243-3010

34243 3010 / 0850



STAP775 342431010 1998 15 01/17/98  
FORWARD TIME EXP RTN TO SEND  
STAPLE, ADAM  
PO BOX 052  
FAIRFIELD FL 32634-0052

Completed on the reverse side?

**SENDER:**

- 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 the card to you.
- Attach this form to the front of the envelope, or on the back if space does not permit.
- Write "Return Receipt Requested" on the envelope 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.  Addressee's Address
  - 2.  Restricted Delivery
- Consult postmaster for fee.

3. Article Addressed to 911803

4a. Article Number QR-0002A

4b. Service Type 0002A

Adam A. Staple  
5775 Gardens Drive  
Sarasota FL 34243-3010

Certified  
 Insured  
 COD  
 or Merchandise  COD  
 Y           
 Address (Only if requested)  
 )         

Thank you for using Return Receipt Service.

PS Form 3811, December 1994  
X  
Domestic Return Receipt

ORIGINAL