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Florida Public Service Commission
 Division of Reports and Reporting
 2840 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

13:40 02/21/98 TLH FL 32301



UNCLAIMED
 JACKSONVILLE, FL 32217-9900

*That 1-28
 Rtn 2-9*

D.W. Korman
 8230 San Jose Manor Drive East, Unit 1
 Jacksonville FL 32217-4561

CERTIFIED MAIL
 Return Receipt Requested
 No. 98-0005

*LN
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DOCUMENT NO.
 02/24/98

listed 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 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: <p style="text-align: center; font-size: 1.2em;">971330</p>	4a. Article Number <p style="text-align: center; font-size: 1.2em;">98-0005</p>
D.W. Korman 8230 San Jose Manor Drive East, Unit 1 Jacksonville FL 32217-4561		<input type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> Merchandise <input type="checkbox"/> COD
6. Signature: (Addressee or Agent) <p style="text-align: center; font-size: 1.5em;">X</p>		Address (Only if requested)
PS Form 3811, December 1994		Domestic Return Receipt

Thank you for using Return Receipt Service.

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