

ORIGINAL

printed 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 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.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

980078

4a. Article Number

98-0075

Manatee Utilities, Inc.  
 Mr. Frank Woodward  
 204 Villanova Drive  
 Archer FL 32618-9513

Certified  
 Insured

Merchandise  COD

3298  
 see (Only if requested)

Thank you for using Return Receipt Service.

is you:

x *Frank Woodward*

PS Form 3811, December 1994

Domestic Return Receipt

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAR \_\_\_\_\_
- DMR \_\_\_\_\_
- CHR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEI \_\_\_\_\_
- LIJ \_\_\_\_\_
- MLI \_\_\_\_\_
- PKH \_\_\_\_\_
- SEC   1
- WAS \_\_\_\_\_
- OTH \_\_\_\_\_

DOCUMENT NO.  
 0000-98  
 02/15/98

FLORIDA PUBLIC SERVICE COMMISSION - RECORDS AND REPORTING

Form for the Production of Copies and Mailing

Date 1/2/11  
 Number of Originals \_\_\_\_\_ Copies Per Original \_\_\_\_\_  
 Requested By Letter 25102

**Item Presented**  
 \_\_\_\_\_ Agenda For (Date) \_\_\_\_\_ Order No. 111111 In Docket No. 111111  
 \_\_\_\_\_ Notice of \_\_\_\_\_ For (Date) \_\_\_\_\_ In Docket No. \_\_\_\_\_  
 \_\_\_\_\_ Other \_\_\_\_\_

**Special Handling Instructions**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Distribution/Mailing**

| Number    | Distributed/Mailed To               | Number    | Distribution/Mailed To |
|-----------|-------------------------------------|-----------|------------------------|
| <u>11</u> | <u>Commission Offices</u>           | <u>--</u> | _____                  |
| <u>1</u>  | <u>Docket Mailing List - Mailed</u> | _____     | _____                  |
| _____     | <u>Docket Mailing List - Faxed</u>  | _____     | _____                  |

Note: Items must be mailed and/or returned within one working day after issue unless specified here:  
 \_\_\_\_\_

**Print Shop Verification**  
 Job Number 25 Verified By [Signature]  
 Date and Time Completed 1/2/11 Job Checked For Correctness and Quality (Initial) \_\_\_\_\_

**Mail Room Verification**  
 Date Mailed 1/2/11 Verified By \_\_\_\_\_