

ACK \_\_\_\_\_  
 AFA \_\_\_\_\_  
 APP \_\_\_\_\_  
 CAF \_\_\_\_\_  
 CMU   H    
 CTR \_\_\_\_\_  
 EAG \_\_\_\_\_  
 LEG   H    
 LIN \_\_\_\_\_  
 OPC \_\_\_\_\_  
 RCH \_\_\_\_\_  
 SEC   H    
 WAS \_\_\_\_\_  
 OT \_\_\_\_\_

0055

**State of Florida  
 Public Service Commission**

2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850

D.B. Cooper  
 Debbie Cooper  
 1412 Viking Court  
 Cape Coral FL 33904-9722

99-038

DOCUMENT NUMBER DATE

00888 JAN 22 8

FPC RECORDS/REF ID NO

Is your RETURN ADDRESS 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 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 Requestor" on the mailpiece below the article number.  
 The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

D.B. Cooper  
 Debbie Cooper  
 1412 Viking Court  
 Cape Coral FL 33904-9722

4a. Article Number

981301

99-038

- I also wish to receive the following services (for an extra fee):
- 1.  Addressee's Address
  - 2.  Restricted Delivery
- Consult postmaster for fee.

Certified  
 Insured  
 COD

ss (Only if requested)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

NOTIFIED  
 NIK-99  
 1-9-99  
 DC

FLA  
 JAN 6 1998  
 TALLAHASSEE

FWD  
 19482 LOST CREEK DR  
 33912  
 MYERS 5507

DELIVERED TO ADDRESSEE

NOT DELIVERABLE AS ADDRESSED  
 UNABLE TO FORWARD