

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

**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.

3. Article Addressed to: 981517 4a. Article Number 99-95

John Urbana  
 5034 South University Drive  
 Davie FL 33328-4509

5. \_\_\_\_\_ *area fee is paid*

6. Signature: (Addressee or Agent) **X**

PS Form 3811, December 1994

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

only if requested

Thank you for using Return Receipt Service.

State of Florida

**Public Service Commission**

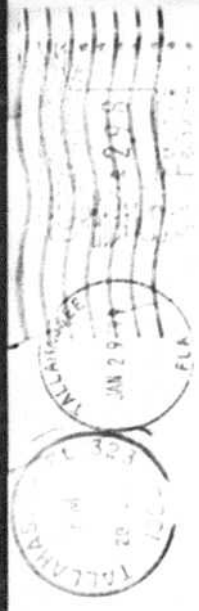
2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850

CERTIFIED MAIL  
 Return Receipt Requested  
 No. 9-0095

John Urbana  
 5034 South University Drive  
 Davie FL 33328-4509

ATTEMPTED BY HAND  
 NO CARRIER AT HOME  
 ROUTE 2817

DATE 1-28-99



DOCUMENT NUMBER-DATE  
**01326 FEB-3 99**  
 FPSC-RECORDS/REPORTING