

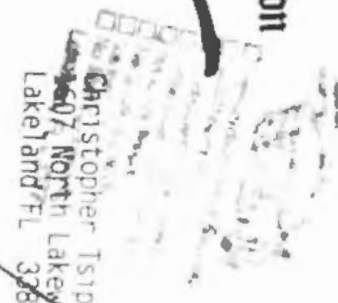
ORIGINAL

Public Service Commission

State of Florida

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

CERTIFIED MAIL
Return Receipt Requested
No. 99-027



Christopher Tsipouras-Clark
607 North Lakewood Drive
Lakeland, FL 32813-3217

Home 4131
1st 1-8
2nd 1-3-99
3-3-99

MR. NOLFELD 1-855 BK
27

6431 CREWS LAKE HILLS
LAKELAND, FL. 33813
Loop.

Domestic Return Receipt

PS Form 3811, December 1994

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

(and fee is paid)

(Only if requested)

Certified
 Insured
 COD

99-027

Consult postmaster for fee.

2. Restricted Delivery

1. Addressee's Address

I also wish to receive the following services (for an extra fee):

4a. Article Number
981293

3. Article Addressed to:
Christopher Tsipouras-Clark
607 North Lakewood Drive
Lakeland FL 32813-3217

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 the 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.

If your RETURN ADDRESS completed on the reverse side?

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

980028

DOCUMENT NUMBER-DATE

01793 FEB 10 8.

FPSC-RECORDS/REPORTING