

ACK \_\_\_\_\_  
 AFA \_\_\_\_\_  
 APP \_\_\_\_\_  
 CAF \_\_\_\_\_  
 CMU \_\_\_\_\_  
 CTR \_\_\_\_\_  
 EAG \_\_\_\_\_  
 LEG \_\_\_\_\_  
 LIN \_\_\_\_\_  
 OPO \_\_\_\_\_  
 RCH \_\_\_\_\_  
 SEC \_\_\_\_\_  
 WAS \_\_\_\_\_  
 QTH \_\_\_\_\_

**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.
- This Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

981485  
 Kellen LaRae Giancattarino  
 8566 Goldeneye Lane  
 Jacksonville FL 32217-4757

4a. Article Number

99-0055

- Certified
- Insured
- COD

(Only if requested)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

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. 99-0055

LN 1779/25



Handwritten notes: "2nd", "s/e", "e", "Ret"

Kellen LaRae Giancattarino  
 8566 Goldeneye Lane  
 Jacksonville FL 32217-4757



REASON FOR RETURN  
 Undelivered  Return  
 Addressee has moved  Return  
 Insufficient address  Return  
 No such street  Return  
 No such office  Return  
 Do not return to this envelope

DOCUMENT NUMBER DATE  
 02400 FEB 24 95  
 FPSC-RECORDS/REPORTING