

State of Florida
Public Service Commission

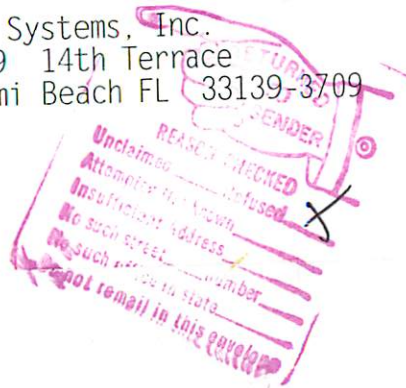
2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

*Refused
 10/25/99
 12.07*



May Systems, Inc.
 1339 14th Terrace
 Miami Beach FL 33139-3709

990995-50-255



CERTIFIED MAIL
 Return Receipt Requested
 No. *99-255*

DOCUMENT NUMBER - DATE
 13376 NOV -1 99
 PSC-RECORDS/REPORTING

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.

990995
 May Systems, Inc.
 1339 14th Terrace
 Miami Beach FL 33139-3709

Article Number *99-255*

Service Type

Registered Certified

Express Mail Insured

Receipt for Merchandise COD

Proof of Delivery

Is your RETURN

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

