

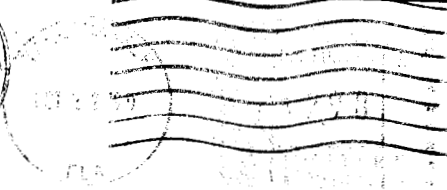
State of Florida

Public Service Commission

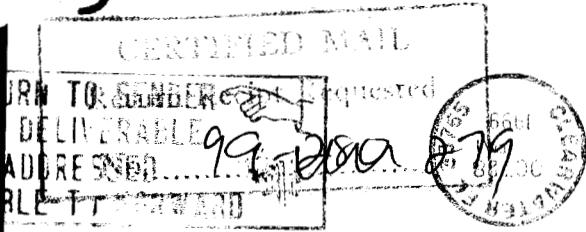
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

ORIGINAL

FOE



Jerry A. Elam
1960 Union Street, #36
Clearwater FL 34623-2251



Printed 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 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 991122

4a. Article Number 279
99-286

Type
 Registered Mail Certified
 Insured
 Receipt for Merchandise COD
 Restricted Delivery

Addressee's Address (Only if requested and paid)

Jerry A. Elam
1960 Union Street, #36
Clearwater FL 34623-2251

Is your RI

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

2093



DOCUMENT NUMBER - DATE

13390 NOV-1 94

FPSC-RECORDS/REPORTING