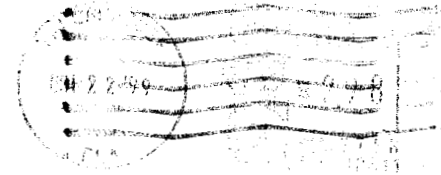


State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850



Rev. Francisco Xavier Aracil, S.D.B.  
 3605 South Miami Avenue  
 Miami FL 33133-4205

ORIGINAL

CERTIFIED MAIL  
 Return Receipt Requested  
 99-284

- Not Deliverable As Addressed
- Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed  Refused
- Attempted - Not Known
- No Such Street  Vacant
- No Such Number
- No Mail Receptacle
- Box Closed - No Order
- Forwarding Order

R.N.O.  
 3320  
 [Handwritten signature]

is 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):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

2094

Rev. Francisco Xavier Aracil, S.D.B.  
 3605 South Miami Avenue  
 Miami FL 33133-4205

3. Article Addressed to: 991065      4a. Article Number: 99-284

Service Type: \_\_\_\_\_  
 Registered:  Certified   
 Registered Mail:  Insured   
 Receipt for Merchandise:  COD   
 Restricted Delivery: \_\_\_\_\_

Addressee's Address (Only if requested and fee is paid): \_\_\_\_\_

6. Signature: (Addressee or Agent)  
X

Thank you for using Return Receipt Service.

DOCUMENT NUMBER-DAT

~~18623~~ NOV-5 86

FPSC-RECORDS/REPORTING

AFA  
 APP  
 CAF  
 CMU  
 CTR  
 EAG  
 LEG  
 MAS  
 OPC  
 PAI  
 SEC  
 WAW  
 OTH