

RTT
CAF
CJM
CTR
EAG
LEG
MAS
OPC
RRR
SEC
MAW
OTH

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: 991278 4a. Article Number 99-365

Ricardo Guardiola
10176 S.W. 163rd Place
Miami FL 33196-4897

Certified
 Insured
 COD

For Merchandise

Address (Only if requested)

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

FPSC-RECORDS/REPORTING
15448 DEC 17 99
DOCUMENT NUMBER-DATE

State of Florida
Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

2385



Ricardo Guardiola
10176 S.W. 163rd Place
Miami FL 33196-4897

CERTIFIED MAIL
Return Receipt Requested
No. 99-365

GUARDIOLA RICARDO
PO BOX 161691
MIAMI FL 33116-1691
RETURN TO SENDER

33196-4897 26