State of Florida

Public Service Commission

2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850









CERTIFIED MAIL

Return Recipt Requestroi

No. 99-384

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

Attach this form to the front of the mailpiece, or on the back if space does not

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

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number 991202

Norma Jean Stone 8295 Hickory Hammock Road Milton FL 32583-3124

Certified

☐ Insured Merchandise ☐ COD

ess (Only if requested

6. Signature: (Addressee or Agent)

Is your

PS Form 3811, December 1994

Domestic Return Receipt

2411-PAN





FPSC-RECORDS/REPORTING