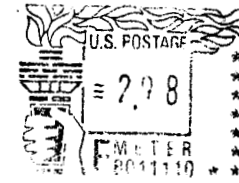


State of Florida
Public Service Commission

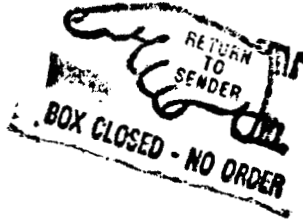
2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850



ORIGINAL

CERTIFIED MAIL
 Return Receipt Requested
 No. 99-338

Santelco
 Judy K. Sander
 P. O. Box 770043-0043
 Coral Springs FL 33077-0043



Completed 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.

3. Article Addressed to:

991180

4a. Article Number

99-338

- Certified
- Insured

for Merchandise COD

y

Address (Only if requested)

Santelco
 Judy K. Sander
 P. O. Box 770043-0043
 Coral Springs FL 33077-0043

is y

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

2345

MFA | APP | CAF | CMU | CTR | EAG | LEG | MAS | OPC | RRR | SEC | WAW | OTH
 | | | | | | | | | | | | | |

DOCUMENT NUMBER - DATE

15717 DEC 23 96

FPSC-RECORDS/REPORTING