

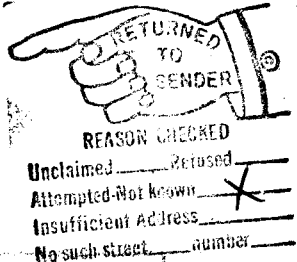
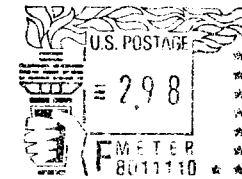
991351-

State of Florida

# Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

Ufn



REASON CHECKED

Unclaimed \_\_\_\_\_ Returned \_\_\_\_\_

Attempted-Not known \_\_\_\_\_

Insufficient Address \_\_\_\_\_

No such street \_\_\_\_\_ number \_\_\_\_\_

No such office in state \_\_\_\_\_

Do not remain in this envelope

Marie Platel-Wesh  
8034 Wiles Road, Suite 311  
Coral Springs FL 33067-2073

CERTIFIED MAIL

Return Receipt Requested

No. 99-429



your RETURN ADDRESS 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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 991351

4a. Article Number: 99-429

Marie Platel-Wesh  
8034 Wiles Road, Suite 311  
Coral Springs FL 33067-2073

Certified  
 Insured  
 COD

5. Return Receipt requested \_\_\_\_\_

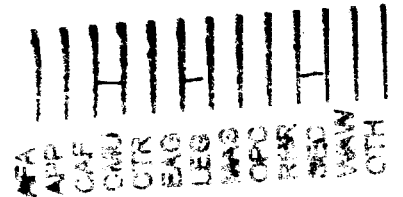
6. Signature: (Addressee or Agent)  
**X**

Thank you for using Return Receipt Service.

DOCUMENT NUMBER - DATE

15839 DEC 29 99

FPSC-RECORDS/REPORTING



Domestic Return Receipt

ber 1994