

State of Florida
Public Service Commission

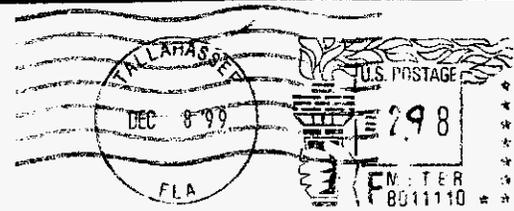
2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

ORIGINAL

LW

Myles Krane
 1380 Dandelion Lane
 West Palm Beach FL 33415-4432

CERTIFIED MAIL
 Return Receipt requested
 No. 99-394



Name _____
 1st Notice _____
 2nd Notice 12-22
 Return 12-27

33415-4432 33

is your name printed 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: 991203

4a. Article Number 99-394

Myles Krane
 1380 Dandelion Lane
 West Palm Beach FL 33415-4432

- Certified
- Insured

Merchandise COD

Postage (Only if requested)

Signature: (Addressee or Agent)
X

0034
2417

Thank you for using Return Receipt Service.

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

DOCUMENT NUMBER-DATE

00710 JAN 188

FPSC-RECORDS/REPORTING