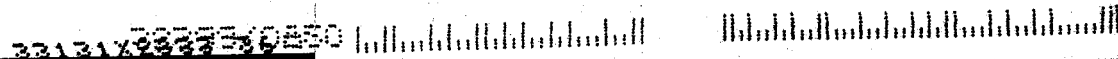
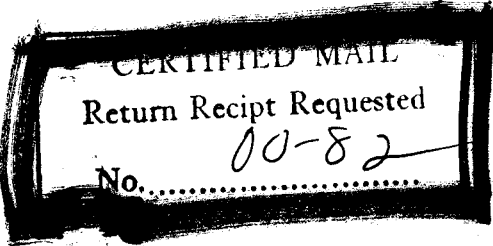
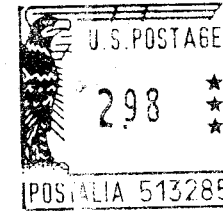


State of Florida

# Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

*Return to  
Sender*



Is 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):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

Conquest New Millennium  
James Cooney  
200 South Biscayne Blvd., Suite 5400  
Miami-FL 33131-2310

*991772*

*00-82*

- Certified
- Insured
- COD

handise

5. Received By: (Print Name)

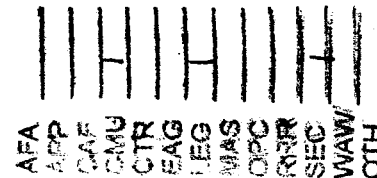
6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

*0640-RAA*



DOCUMENT NUMBER-DATE

*06764 APR 18 88*

FPSC-RECORDS/REPORTING