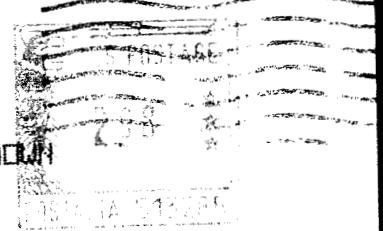
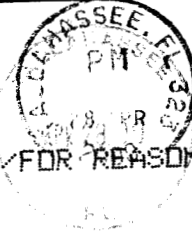


ORIGINAL

State of Florida

# Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



RTN TO SENDER FOR REASON SHOWN



P. O.  
Panama

BOX CLOSED NO  
FORWARDING  
ORDER ON FILE

-0068

**CERTIFIED MAIL**  
**Return Receipt Requested**  
No. 00-187

Is 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.

991981

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

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

0845-PAA

COI-SR  
Morris Jarmon  
P. O. Box 3068  
Panama City FL 32401-0068

00-187

- Certified
- Insured
- Merchandise  COD

Thank you for using Return Receipt Service.

Is your RETURN

5. Received By: (Print Name)

---

6. Signature: (Addressee or Agent)

**X**

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

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

DOCUMENT NUMBER - DATE

05744 MAY-88

FPSC-RECORDS/REPORTING