

0917-SC

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:

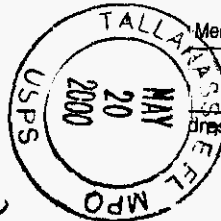
981609

Southlake Utilities, Inc.  
P.O Box 6209  
Tallahassee FL 32314-6209

4a. Article Number

00-195

- Certified
- Insured
- COD



Merchandise

Address (Only if requested)

Is your B

6. Signature: (Addressee or Agent)

X *Barbara Swartz*

PS Form 3811, December 1994

102596-98-B-0229

Domestic Return Receipt

Thank you for using Return Receipt Service.

APP  
CAF  
CMP  
COM  
CTR  
ECR  
LEG  
OPC  
PAI  
RGO  
SEC  
SER  
OTH

DOCUMENT NUMBER-DATE

06349 MAY 22 8

FPSC-RECORDS/REPORTING