

CERTIFIED MAIL

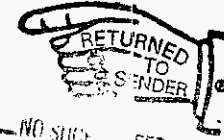
State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4145 6706



UNCLAIMED _____ NO SUCH _____ EET _____
NO SUCH _____ PER _____ NO APT/STE # _____
GONE NO FORWARD _____ FOR _____ RD EXPIRED _____
VACANT _____ CLOSED _____ NO BOX _____ REFUSED _____
ROUTE _____ DATE _____ INT _____ 123

~~Dammam International Corporation
Frank Paglianti
5610 N.W. 12th Avenue, Suite 211
Ft. Lauderdale FL 33309-6608~~

CERTIFIED MAIL
Return Receipt Requested

No. 7191-0600-0026-4145-6706

THIS SECTION

and 3. Also complete
Delivery is desired.
address on the reverse
the card to you.
to the back of the mailpiece,
space permits.

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Dammam International Corporation
Frank Paglianti
5610 N.W. 12th Avenue, Suite 211
Ft. Lauderdale FL 33309-6608

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature Agent
X Addressee
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

DOCUMENT NUMBER-DATE

12421 SEP 29 8

FPSC-TECC-D-1-F-ORTIN

