

FOLD AT DOTTED LINE

**CERTIFIED MAIL**

State of Florida

# Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

000896-7  
0008000

*Return Refused*

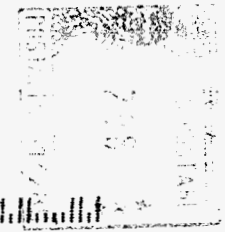


7000 0600 0026 4145 6645

Springer Pay Tel  
Roy Springer  
3116 North Federal Highway, #362  
Lighthouse Point FL 33064-6738



REASON CHECKED  
Unclaimed \_\_\_\_\_  
Attempted-Not Known \_\_\_\_\_  
Insufficient Address \_\_\_\_\_  
No such street \_\_\_\_\_  
No such office in state \_\_\_\_\_  
Do not re-mail in this envelope



DOCUMENT NUMBER-DATE  
12490 OCT-28

FPSC-RECORDS/REPORTING

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:  
Springer Pay Tel  
Roy Springer  
3116 North Federal Highway, #362  
Lighthouse Point FL 33064-6738

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <b>X</b>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? Delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

7000 0600 0026 4145 6645

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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