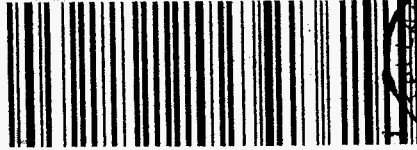


CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4145 6164

ORIGINAL

unk

M & S Groceries, Inc.
Jose B. Socarras
3600 West 12th Avenue
Hialeah FL 33012-4950

- Forwarding Order Requested
- Insufficient Address
- Moved, Left No Address
- Unclaimed
- Attention Not Known
- No Such Person
- Refused

initials _____

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.

1. Article Addressed to: *000898*

M & S Groceries, Inc.
Jose B. Socarras
3600 West 12th Avenue
Hialeah FL 33012-4950

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature _____
 Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Postage and Fees
Postage and Fees (if applicable)
Return Receipt for Merchandise (R.R.)
C.D.
Special Delivery Fee Yes

2. Article Number (Copy from service label)
7000 0600 0026 4145 6164

1743-PAA

000898-TC

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

DOCUMENT NUMBER - DATE

12715 OCT-58

FPSC-RECORDS/REPORTING