Tster

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:

Raymond Rodriguez
228 Altamonte Bay Club Circle, #201
Altamonte Springs FL 32701-5829

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
X ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ 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 5372

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

001022-TC

TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

CERTIFIED MAIL

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

7000 0600 0026 4145 5372

Raymond Rodriguez
228 Altamonte Bay Club Circle, #201
Altamonte Springs FL 32701-5829

DOCUMENT NUMBER-DATE
12937 OCT 11 8
FPSC-RECORDS/REPORTING