

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: **006800**

Michael Paglianti
 Frank Paglianti
 5901 Camino Del Sol, Apt. 200
 Boca Raton FL 33422-6540



Express Mail
 Return Receipt for Merchandise
 C.O.D.
 (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0600 0026 4145 5068

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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

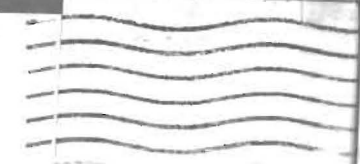
APP
CAF
CMP
COM
CTR
ECR
LEG
OPC
PAI
RGO
SEC
SER
OTH

1855

CERTIFIED MAIL



7000 0600 0026 4145 5068

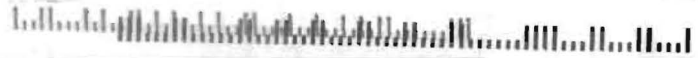


State of Florida
Public Service Commission
 2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

Michael Paglianti
 Frank Paglianti
 5901 Camino Del Sol, Apt. 200
 Boca Raton FL 33422-6540

PAGL901* 334332002 1A99 26 10/14/00
 FORWARD TIME EXP RTN TO SEND
 PAGLIANTI MICHAEL F
 2514 NW 27TH ST
 BOCA RATON FL 33434-3654

RETURN TO SENDER



DOCUMENT NUMBER - DATE
13285 OCT 18 8
 FPSC-RECORDS/REPORTING