

CERTIFIED MAIL

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4145 5891



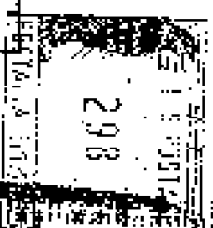
OCT 6 th
FIRST NOTICE
12
SECOND NOTICE
23
REPLY BY



UNCLAIMED
TALLAHASSEE, FL 32303-9998

~~Titilayo Sholaja
5817 Edrice Court
Tallahassee, FL 32303-6746~~

LA 10:30
DW
R233



DOCUMENT NUMBER - DATE

13289 OCT 26 B

PRSC 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 mailing, or on the front if space permits.

1. Article Addressed to:
Titilayo Sholaja
5817 Edrice Court
Tallahassee, FL 32303-6746

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
address below: No

1797-PXA

60192

Express Mail
Return Receipt for Merchandise
R.O.D.

1. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0600 0026 4145 5891

PS Form 3811, 10/96

10/97 05-48-1700

