

CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4145 5976

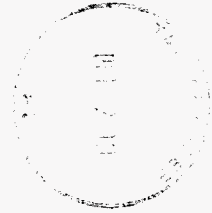
[Signature]
1st Notice
2nd Notice 10-16
Return 10-21



REASON CHECKED
Unclaimed _____ Refused _____
Attempted-Not known _____
Insufficient Address _____
No such street _____ number _____
No such office in state _____
Do not re-mail in this envelope

Gregory J. Hoffstetter
8211 31st Terrace North
St. Petersburg FL 33710-2205

1796



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2 and 3. Also complete item 4 if Return Receipt is desired.
- Print name and address on the reverse of this card to you.
- Check appropriate box on back of the mailpiece, if return permits.

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
-
- C. Signature Agent
X Addressee
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Gregory J. Hoffstetter
8211 31st Terrace North
St. Petersburg FL 33710-2205

001038

[Handwritten mark]

Express Mail
Return Receipt for Merchandise
C.O.D.
Insurance Fee Yes

2. Article Number (Copy from service label)

7000 0600 0026 4145 5976

DOCUMENT NUMBER

13791 OCT 26 88

FPSC-RECORDS SECTION

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