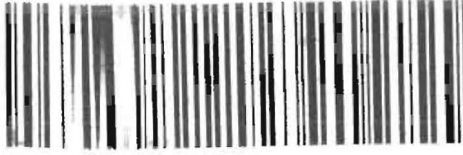


CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



700001 0600 0026 4145 5945

Handwritten: C/P 0807 10/4

Handwritten: Brian Keith Lewis
4669 Roanoke Blvd
Jacksonville FL 32208-1126

UNCLAIMED
JACKSONVILLE, FL 32208-9998



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:

Brian Keith Lewis
4669 Roanoke Blvd.
Jacksonville FL 32208-1126

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

Handwritten: 0-21050

- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

Handwritten: 70000600002641455945

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

Handwritten: 21 750100

Handwritten: 6796

DOCUMENT NUMBER-DATE

14117 OCT 31 98

FPSC-RECORDS/REPORTING

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