

**CERTIFIED MAIL**

State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850



7000 0600 0026 4145 5280

RETURNS TO SENDER  
 Rt. # \_\_\_\_\_  
 Carr: Init. \_\_\_\_\_  
 Date: \_\_\_\_\_

- Not Deliverable As Addressed  
Unable To Forward
- Insufficient Address
- Moved, Left No Address
- Unclaimed  Returned
- Attempted - Not Known
- No Such Street  Number
- Vacant  Illegible
- No Mail Receptacle
- Box Closed - No Order
- Returned For Better Address
- Postage Due \_\_\_\_\_



SN  
 550386  
 10 500  
 10th  
 1023

Seaclean USA inc.  
 Margarita Stepanova  
 3343 S.W. McMullen Street  
 Port St. Lucie FL 39853-4834



**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:

Seaclean USA inc.  
 Margarita Stepanova  
 3343 S.W. McMullen Street  
 Port St. Lucie FL 39853-4834

000 999

**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, print 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)

700 0600 0026 4145 5280

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

APR  
 CAE  
 CMB  
 COM  
 CTR  
 ECR  
 LEG  
 JPC  
 JAI  
 RGO  
 REC  
 IER  
 ITL