

ORIGINAL

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		A. Received by (Please Print Clearly)	B. Date of Delivery
		C. Signature	<input type="checkbox"/> Agent
		<input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
Farrukh Razaq 2636 S.W. 74th Terrace Davie FL 33314-1106		<input type="checkbox"/> No	
2. Article Number (Copy from service label) 7000 0600 602641455952		Express Mail Return Receipt for Merchandise C.O.D.	
3. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
Receipt		102595-99-M-1789	

DOCUMENT NUMBER - DATE

14233 NOV -28

FPSC-RECORDS/REPORTING

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CERTIFIED MAIL

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



7000 0600 0026 4145 5952

Farrukh Razaq
 2636 S.W. 74th Terrace
 Davie FL 33314-1106

001067

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 n/p
 10-4-00
 10-7-00
 10-21-00

