

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: 001188

Tele Net, Inc.
Tim Owens
2308 Elizabeth Court
Naples FL 34112-5418

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, enter delivery address below: No

- Express Mail
- Return Receipt for Merchandise
- C.O.D. (Extra Fee) Yes

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

DOCUMENT NUMBER-DATE

14299 NOV -68

FPS-RECORDS/REPORTING

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

CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4145 6362

1788

ORIGINAL

Tele Net, Inc.
Tim Owens
2308 Elizabeth Court
Naples FL 34112-5418

UNCLAIMED
NAPLES FL

Name _____
1st Notice _____
2nd Notice 10-12
R

NL
10-2
PR
1254

32399/0850

