SENDER: COMPLETE THIS SECTION	COMPLETE THIS SEC	TION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please	Print Clearly) B. Date of Delivery
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.	C. Signature	☐ Agent ☐ Addressee
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YFS enter delivery address below: ☐ No	
Goldiphones Clias Louis Leousis 147 3rd Avenue North, #408 St. Petersburg FL 33701-3255		□ Express Mail □ Return Receipt for Merchandise □ C.O.D.
	4. Restricted Delivery?	(Extra Fee)
2. Article Number (Copy from service label)		
PS Form 3811, July 1999 Domestic Fleett	Receipt	102595-99-M-1789
The same of the sa		MAL
		CERTIFIED IVIAI
State of Florida		

1800 PAA

CCAF COMP COMP CCTR CCTR CCTR CCTR CCTR CCTR CCTR COPC OPC OPC OPC OPC OPC OPC OPC OPC

Public Service Commisses ion

2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850



7000 0600 0026 4145 5785

10-23



ORIGINAL



Goldiphones

Elias Louis Leousis

447 3rd Avenue North, #408

St. Petersburg FL 33701-3255

GOLDHATA 337012109 1000 46 10/07/00 NOTIFY SENDER OF NEW ADDRESS GOLD THE ABOUT ABOU

33745=2024=== 04

hilliallal

antidland of midous balls.