

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:

001115

Vendall Communications
 Mitchel Guertler
 14681 North Beckley Square
 Davie FL 33325-3068

Y

press Mail
 Return Receipt for Merchandise
 O.D.
 a Fee) Yes

2. Article Number (Copy from service label)

7000 0600 0026 4145 5525

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

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
 No

If YES, enter delivery address below:

6793

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

DOCUMENT NUMBER - DATE

14934 NOV 20 8

FPSC-RECORDS/REPORTING

CERTIFIED MAIL

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850



7000 0600 0026 4145 5525

LN
10/14

Vendall Communications
 Mitchel Guertler
 14681 North Beckley Square
 Davie FL 33325-3068

ORIGINAL

104
10-10
10-20

RETURNED TO SENDER

REAL CHECKED

Unclaimed
 Attempted-Refused
 Insufficient
 No such street
 No such office
 Do not remain in this envelope

TALLAHASSEE
 FL
 OCT-2000

POSTALIA
 U.S.F.
 29

