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SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Received by (Please Print Clearly) B. Date of Delivery item 4 if Restricted Delivery is desired. Print your name and address on the reverse C. Signature so that we can return the card to you. ☐ Agent Attach this card to the back of the mailpiece. ☐ Addressee or on the front if space permits. ☐ Yes erent from item 1? ☐ No ddress below: Kosmo K. Inc. Rey Cabrera 15667 N.W. 12th Manor Pembroke Pines FL 33028-1677 Express Mail Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number (Copy from service label) 7000 0026 4145 5044 0600 PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850

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CERTIFIED MAII

Return Recipt Requested

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