

CERTIFIED MAIL

State of Florida
Public Service Commission

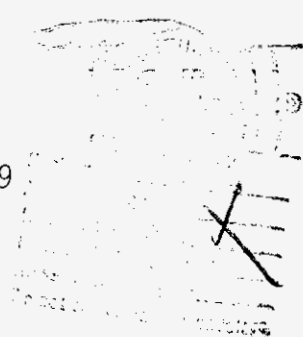
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4145 4979

Johanns Torres
4800 S.W. 29th Way, Apt. C
Ft. Lauderdale FL 33312-5859

FILED
1495 NE
MIAMI
400
DISI
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33161



3331245859



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: 001104

Johanns Torres
4800 S.W. 29th Way, Apt. C
Ft. Lauderdale FL 33312-5859

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.

4. Restricted Delivery? (Extra Fee) Yes

2 Article Number (Copy from service label)

7000 0600 0026 4145 4979

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

2107

DOCUMENT NUMBER DATE

15089 NOV 21 88

FPSC RECEIVED FOR INFO

APR
CAF
CMP
COM
CTR
ECR
LEG
OPC
PAL
RGO
SEC
SER
OTH