

CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4145 6010

10-4-00
348

Elizabeth Grace Robinson
9129 Ribault Avenue
Jacksonville FL 32208-2087

UNCLAIMED
JACKSONVILLE, FL 32208-4145



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:

001026

Elizabeth Grace Robinson
129 Ribault Avenue
Jacksonville FL 32208-2087

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.

Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

700 00600 0026 41456010

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

1785

DOCUMENT NUMBER 15090

NOV 21 1999

FPSC-RECORDS

