

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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature
 X 001228-TI Agent
 Addressee

D. Different from item 1? Yes
 No

Address below: _____

Call-4-Less
 Bill Heitz
 1801 South Federal Highway, Suite 305
 Delray Beach FL 33483-3334

Express Mail
 Return Receipt for Merchandise

Insured Mail C.O.D.

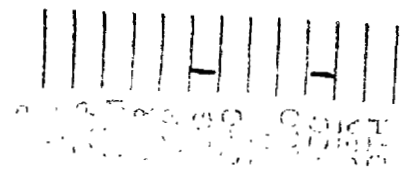
4. Restricted Delivery? (Extra Fee) Yes

2 Article Number (Copy from service label)

102595-99-M-1789

001228-TI

00-2523



DOCUMENT NUMBER - DATE

00332 JAN-86

FPSC-RECORDS/REPORTING

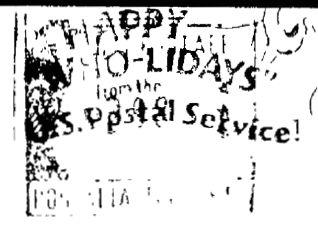
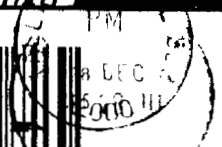
CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850



7000 0600 0026 4144 7759



RATZ

1-97-13

- INSUFFICIENT ADDRESS
- NO SUCH NAME
- UNCLAIMED MAIL
- UNDELIVERABLE
- UNDELIVERABLE AS ADDRESSED
- UNDELIVERABLE AS TO FORWARDING
- ROUTE NO. _____ DATE _____
- CARR/INITIALS _____

Call-4-Less
 Bill Heitz
 1801 South Federal Highway, Suite 305
 Delray Beach FL 33483-3334

CALL801 334832013 IN 30 01/02/01
 RETURN TO SENDER

NO FORWARD ORDER ON FILE
 UNABLE TO FORWARD
 RETURN TO SENDER