State of Florida

## Public Service Commission

2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850



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NEW COPLETING. LA 70113-1952



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## 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

001335-TI

□ Agent □ Addressee

Yes D. Is delivery address different from item 1? idress below:

C2k, Inc. Donald F. Angle 1340 Poydras Street New Orleans LA 70112-1276

Express Mail

Return Receipt for Merchandise

⊔ C.O.D. 

2. Article Number (Copy from service label)

0026 7000 0600 PS Form 3811, July 1999

Domestic Return Receipt

4116

4144

102595-99-M-1789

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4. Restricted Delivery? (Extra Fee)

3

☐ Yes