CERTIFIED MAIL

State of Florida
Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

7000 0600 0026 4145 4511

DE MAR COMMUNICATIONS
Anthony Harper
2 South Biscayne Blvd., Suite 2670
Miami FL 33131-1805

RETURNED TO SENDER
REASON CHECKED
Unclaimed
Attempted-Not known
Insufficient address
No such street
No such office in state
No such number
Refused
Do not remail in this envelope

Not 12/ 1-13-01

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 001215 ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
ddress below: ☐ No

DE MAR COMMUNICATIONS
Anthony Harper
2 South Biscayne Blvd., Suite 2670
Miami FL 33131-1805

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 0600 0026 4145 4511

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

001215-TI
2482-PAA

DOCUMENT NUMBER-DATE
01229 JAN 26 ō
FPSC-RECORDS/REPORTING