

CERTIFIED MAIL

State of Florida

# Public Service Commission

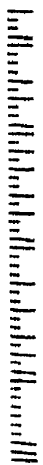
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 4079

*Handwritten signature: J. Sherman*  
~~RJM Card Services, Inc.  
Jason Sherman  
444 Brickell Avenue, Suite 210  
Miami FL 33131-2404~~

72399/0850



**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 001317

RJM Card Services, Inc.  
Jason Sherman  
444 Brickell Avenue, Suite 210  
Miami FL 33131-2404

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature \_\_\_\_\_  Agent  Addressee

X

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

4. Restricted Delivery? (Extra Fee)  Yes  No

- Express Mail
- Return Receipt for Merchandise
- C.O.D.

2. Article Number (Copy from service label)

7000 0600 0026 4144 4079

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

DOCUMENT NUMBER DATE

01543 FEB-25

FPSC-RECORDS, REGISTRATION

APP  
CAF  
CMP  
COM  
CTR  
ECR  
LEG  
OPC  
PAI  
RGO  
SEC  
SER  
OTH

001317-TI