

001656-72

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:

Albert T. Stoll
6365 Casa Bella Lane
Boca Raton FL 33433-5436

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?
If YES, enter delivery address below: Yes No

001656

Express Mail
Return Receipt for Merchandise
C.O.D.
(tra Fee) Yes

0556-PAA

2. Article Number (Copy from service label)

7000 0600 0026 4144 9067

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

ORIGINAL

CERTIFIED MAIL

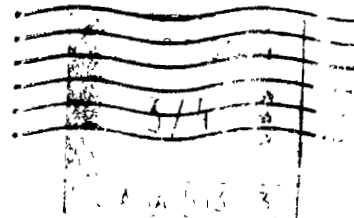
State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 9067



APR	CAF	CNP	COM	CTR	ECR	LEG	OPC	PAI	RGO	SEC	SER	OTH

Albert T. Stoll
6365 Casa Bella Lane
Boca Raton FL 33433-5436

STOLL
FORWARD TIME EXP RTN TO SEND
PO BOX 860216
SAINT AUGUSTINE FL 32086-0216

32399/0850



DOCUMENT NUMBER-DATE

03438 MAR 19 11

PS Form 3811, July 1999