

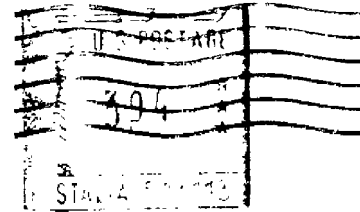
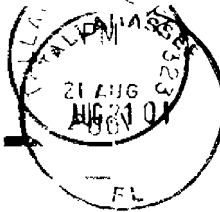
ORIGINAL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 9814



not 104

KTB Communication
Charles B. Brenn
P. O. Box 104
Ft. Pierce FL 34954-0104

KTB104 34954-0104 1/00 30 08/30/94
FORWARD TIME EXP RTN TO SEND
KTB COMMUNICATIONS
25015 OLEANDER BLVD APT D
FORT PIERCE FL 34950-5385

32399-0850



010595-7C

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

KTB Communication
Charles B. Brenn
P. O. Box 104
Ft. Pierce FL 34954-0104

4a. Article Number

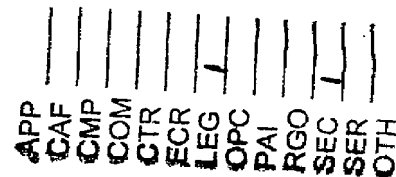
- Certified
- Insured
- Indise COD

Only if requested

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.



DOCUMENT NUMBER - DATE

10924 SEP-4 94

FPSC-COMMISSION CLERK