

ORIGINAL

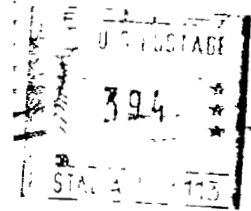
CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 9708



Lukas Botha
4151-507 N.W. 43rd Street
Gainesville FL 32606-4575

BOTH151 326062228 1800 17 09/03/01
FORWARD TIME EXP RTN TO SEND
BOTH
PO BOX 357841
GAINESVILLE FL 32635-7841

32399X0850 01



Printed on the reverse side 2

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:

10594

4a. Article Number

Lukas Botha
4151-507 N.W. 43rd Street
Gainesville FL 32606-4575

- Certified
- Insured
- for Merchandise COD

Address (Only if requested)

6. Signature: (Addressee or Agent)

[Handwritten signature]

Domestic Return Receipt

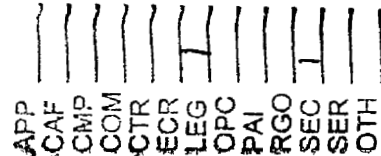
1706-PAA

Thank you for using Return Receipt Service.

DOCUMENT NUMBER-DATE

11158 SEP-7 01

FPSC-COMMISSION CLERK



APP
CAF
CMP
COM
CTR
ECR
LEG
OPC
PAI
RGO
SEC
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