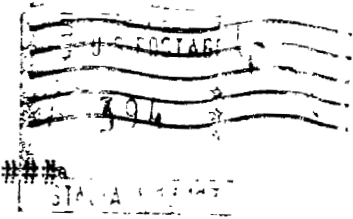
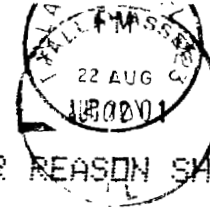


CERTIFIED MAIL

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32390-0830



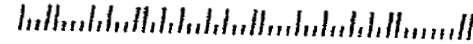
###RETURN TO SENDER/RETURN FOR REASON SHOWN###
7000 0600 0026 9144 6450

UNCLAIMED

Tim Vending
Timothy Young
2420 N.W. 141st Street
Opa Locka FL 33054-4016

NAME ELH
Office 8/24/01
E-mail Notice
Return 9-9

32399/0830



ORIGINAL

010560

1716-PAA

Read 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: 10560

4a. Article Number

Tim Vending
Timothy Young
2420 N.W. 141st Street
Opa Locka FL 33054-4016

- Certified
- Insured
- COD

or Merchandise

y

Address (Only if requested)

(print or type name)

is your RE

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

DOCUMENT NO.
11518-01
9-17-01

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