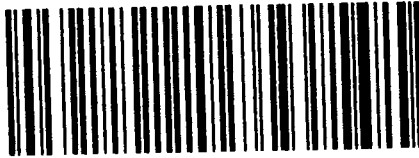


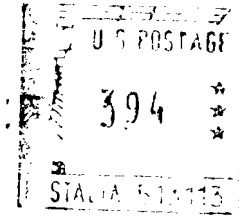
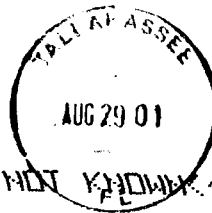
ORIGINAL

State of Florida  
Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 6714  
>>>RTN TO SENDER=ATTEMPTED NOT KNOWN<<<



Pinellas County Call Center Services, Inc.  
James McFarland  
3690 West Cogwood Circle  
Beverly Hills FL 34465-2986

Unk

D10605-TC  
1754-FAA

**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: 10605.

4a. Article Number \_\_\_\_\_

Pinellas County Call Center Services, Inc.  
James McFarland  
3690 West Cogwood Circle  
Beverly Hills FL 34465-2986

Certified  
 Insured  
Merchandise  COD

ress (Only if requested)

6. Signature: (Addressee or Agent)  
**X**

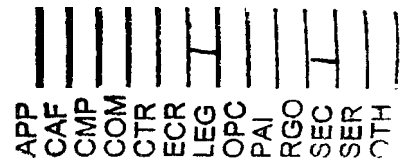
PS Form 3811, December 1994

Thank you for using Return Receipt Service.

DOCUMENT NUMBER - DATE

12632 OCT-45

FPSC-COMMISSION OF PUBLIC UTILITIES



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