

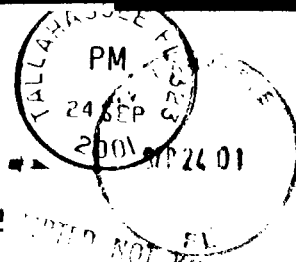
ORIGINAL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4344 9562



DST

WV

VEGO, Inc.
Rody Vega
8445 S.W. 40th Street
Miami FL 33155-3225

ROUTE No. *21*
NO S.U. NUMBER
CARD INITIALS
DATE *9/26*

Weight	_____
Dimensions	_____
Insurance	_____
Signature	_____
Postage	_____
Other	_____

3301247228155+3225

010661-TC
1892-PAA

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: *010661*

4a. Article Number _____

VEGO, Inc.
Rody Vega
8445 S.W. 40th Street
Miami FL 33155-3225

Certified
 Insured
Merchandise COD

ress (Only if requested)
and fee is paid)

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

DOCUMENT NUMBER - DATE

12633 OCT-4 6

FPSC-COMMISSION CLERK

