

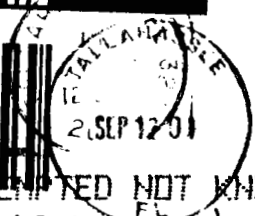
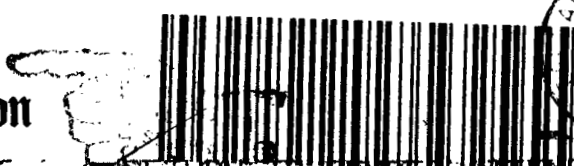
ORIGINAL

CERTIFIED MAIL

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



- Forwarding Center Expired
- Insufficient Address
- Moved, Left No Address
- Unclaimed Refused
- Attempted, Not Known
- No Such Street
- No Such Number
- Do not permit to this address
- Route No. _____
- Carr. Initials _____

RETURN TO SENDER ATTEMPTED NOT KNOWN

7000 0600 0026 4144 6820

Innovative Communications
Kenneth E. Holcomb
16285 N.W. 64th Avenue, #348
Miami Lakes FL 33014-7526

Handwritten notes: 9/14, 9-19, 9-29

D10658-TL
1833-PAA

Printed 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):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

10658

4a. Article Number

7000 0600 0026 4144 6820

Innovative Communications
Kenneth E. Holcomb
16285 N.W. 64th Avenue, #348
Miami Lakes FL 33014-7526

- Certified
- Insured
- Collect for Merchandise
- COD

Address (Only if requested and paid for)

Is your E-mail address on the reverse side?

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.



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

DOCUMENT NUMBER - DATE

12635 OCT-4 01

FPSC-COMMISSION CLERK