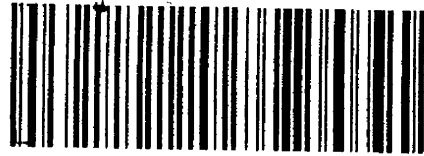


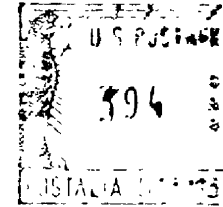
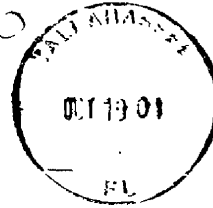
State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850



7000 0600 0026 4144 5885

40



**NOT DELIVERABLE  
 AS ADDRESSED,  
 RETURN TO FORWARDER**

Convergence  
 2205 North  
 Tampa FL 33605

33605+3921 90



011031-72

ORIGINAL

2071-9AA

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:

011031

4a. Article Number

Convergence, Inc.  
 2205 North 20th Street  
 Tampa FL 33605-3921

Certified

Insured

Merchandise  COD

Services (Only if requested)

Is your B?

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

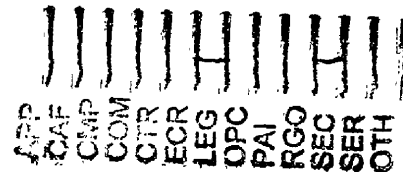
Domestic Return Receipt

Thank you for using Return Receipt Service.

DOCUMENT NUMBER-DATE

13649 OCT 29 01

FPSC-COMMISSION CLERK



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