

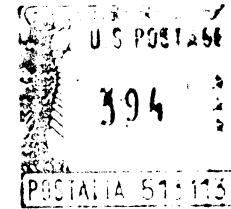
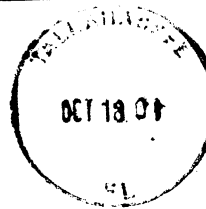
CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 6455



UNCLAIMED
NOV 16 2009

NAME DATE
1st Notice 10/20
2nd Notice 10/25
Return 11/4

International Marketing & Advertising, Inc.
Robert Caloppi
P. O. Box 143973
Coral Gables FL 33114-3973

33114+3973 19



ORIGINAL

DL 0728

2048-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: 010728

4a. Article Number

International Marketing & Advertising, Inc.
Robert Caloppi
P. O. Box 143973
Coral Gables FL 33114-3973

Certified
 Insured
Merchandise COD

less (Only if requested)

6. Signature: (Addressee or Agent)
X

Thank you for using Return Receipt Service.

Is your **REI**

PS Form 3811, December 1994

Domestic Return Receipt

DOCUMENT NUMBER - DATE

14529 NOV 15 09

FPSC-COMMISSION CLERK

