

ORIGINAL

CERTIFIED MAIL

State of Florida  
Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



###RETURN TO SENDER FOR REASON SHOWN###

RETURNED TO SENDER  
**FUNCLAIMED**

Questel Corp  
3rd Floor  
3001 West Hallendale Beach Blvd.  
Pembroke Park FL 33009-5155

~~2540 SHUMARD~~

PDB 1141

12/27/01  
FIRST NOTICE  
12-26  
RETURN  
12-31

394  
POSTAGE 513115

TALLAHASSEE  
DEC 12 2001  
FL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

Is your RETURN ADDRESS completed 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: 011250  
Questel Corp  
3rd Floor  
3001 West Hallendale Beach Blvd.  
Pembroke Park FL 33009-5155

4a. Article Number  
4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD  
7. Date of Delivery  
8. Addressee's Address (Only if requested and fee is paid)  
P.O. Box 1141  
Hallandale, FL 33008

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

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

011250-7X

2412-AAA

DOCUMENT NUMBER-DATE

00187 JAN-78

FPSC-COMMISSION CLERK

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