

ORIGINAL

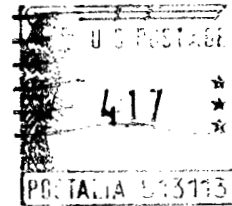
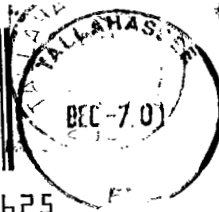
CERTIFIED MAIL

State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 5625



Cash Back Rebates LD.COM, Inc.  
Ms. Debra Santa Lucia  
550 Broad Street - 3rd Floor  
Newark NJ 07102-4517

*Cash 550*  
*ATTEMPTED/UNKNOWN*

*12/14/01*  
*12/20/01*  
*12/29/01*  
*ATTEMPTED/UNKNOWN*

CASHBACK 071023054 A01 09/12/11/01  
NOTIFY SENDER OF NEW ADDRESS  
:CASHBACK REBATES LD.COM INC  
PO BOX 80  
MARION CT 06444-0803

04162+0474 01

010724-TI

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Cash Back Rebates LD.COM, Inc.  
Ms. Debra Santa Lucia  
550 Broad Street - 3rd Floor  
Newark NJ 07102-4517

*010724*

4a. Article Number

*7000 0600 0026 4144 5625*

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)

6. Signature: (Addressee or Agent)

**X**

Thank you for using Return Receipt Service.

*2352-PAA*

DOCUMENT NUMBER - DATE

**00346 JAN 10 2002**

FPSC-COMMISSION CLERK

