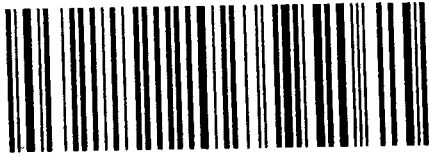


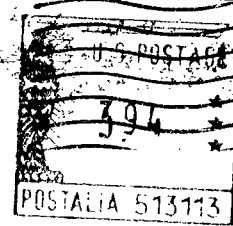
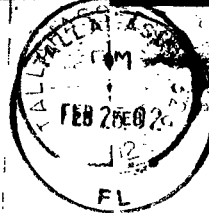
CERTIFIED MAIL

State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 4918



REFUSED  
VACANT  
 UNCLAIMED

UNCLAIMED

H & L Taxhaus Communications  
P. O. Box 26524  
Tampa FL 33623-6524

Name \_\_\_\_\_  
1st Notice 2-28  
2nd Notice 3-5  
Return 3-15

FEB 28 2002

UNCLAIMED

PSC-02-0236-PAA-TX

FINAL NOTICE

26524

011291-TX

**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: 011291

4a. Article Number  
70000600002641444918

H & L Taxhaus Communications  
P. O. Box 26524  
Tampa FL 33623-6524

Certified  
 Insured

for Merchandise  COD

Address (Only if requested id)

6. Signature: (Addressee or Agent)  
X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

AUS  
CAF  
CMP  
COM  
CTR  
ECR  
GCL  
OPC  
MMS  
SEC  
OTH

DOCUMENT NUMBER - DATE

03173 MAR 19 2002

FPSC-COMMISSION OF ENV