

ORIGINAL

CERTIFIED MAIL

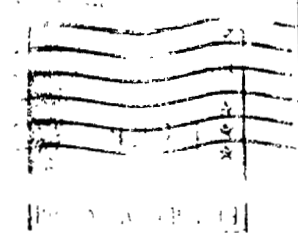
State of Florida  
Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7002 0860 0001 1755 4312

02102



NOT  
10-23  
3295

10/30  
11/6

TNS  
100 North Biscayne Blvd., Suite 703  
Miami FL 33132-2344

RETURNED TO  
SENDER  
UNCLAIMED

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 020688

TNS  
100 North Biscayne Blvd., Suite 703  
Miami FL 33132-2344

2. Article Number  
(Transfer from service label)

7002 0860 0001 1755 4312

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

DOCUMENT NUMBER - DATE

12476 NOV 14 88

FPSC-COMMISSION CLERK

