

ORIGINAL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

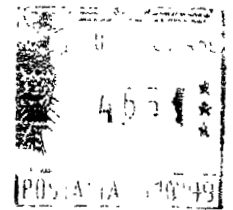
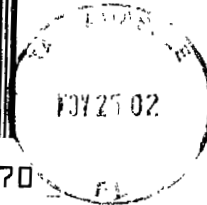
CERTIFIED MAIL

State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

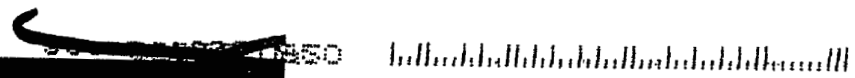


7002 0860 0001 1755 6170



UNCLAIMED  
SunDial  
6711 Witherington Court  
Norcross, GA 30093-1039

NOV 27 2002
FIRST NOTICE
12-5
SECOND NOTICE
12-12
RETURN



**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: **020809**

SunDial  
6711 Witherington Court  
Norcross, GA 30093-1039

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature       Agent  
**X**       Addressee

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

3. Service Type  
 Certified Mail       Express Mail  
 Registered       Return Receipt for Merchandise  
 Insured Mail       C.O.D.

4. Restricted Delivery? (Extra Fee)       Yes

2. Article Number (Transfer from service label) **7002 0860 0001 1755 6170**

DOCUMENT NUMBER: DATE  
**13665 DEC 16 08**  
FPSC-COMPLISS 2-CLERK

AUS	CAF	CMP	COM	CTR	ECR	GCL	OPC	MMS	SEC	OTH
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