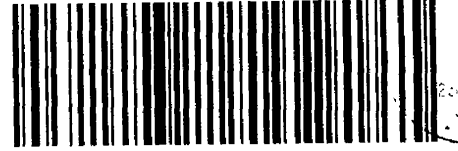


ORIGINAL

CERTIFIED MAIL

State of Florida  
Public Service Commission

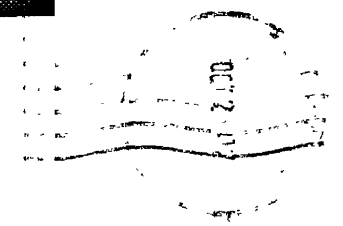
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7002 0860 0001 1755 4817

Miketronics, Inc.  
3400 N.E. 192nd Street, Suite 1012  
Aventura, FL 33180-2456

*Handwritten signature and date: 10/25/00*



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: **020635**

Miketronics, Inc.  
3400 N.E. 192nd Street, Suite 1012  
Aventura, FL 33180-2456

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature  Agent  
 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 4817

AUS  
CAF  
CMP  
COM  
CTR  
EGR  
GCL  
OPC  
MMS  
SEC  
OTH

DOCUMENT NUMBER - DATE  
13894 DEC 20 08  
FPSC-COMMISSION CLERK