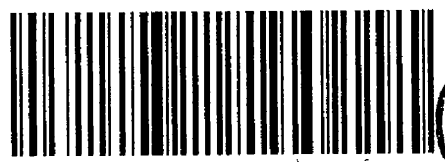


PLACE STICKER ABOVE THIS LINE
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

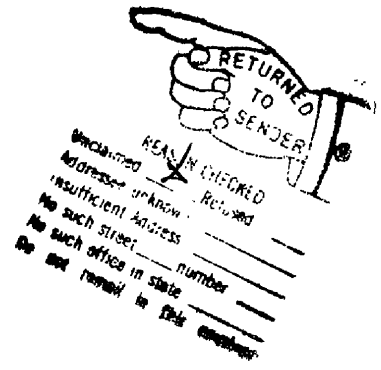
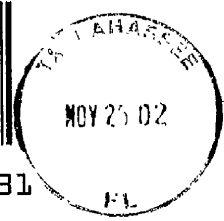
CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7002 0860 0001 1755 6231



J & C Communications
440 Hopkins Street
Lakeland FL 33809-3335

Name JK
1st Notice 11-27
2nd Notice 12-4
Return 12-12

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: 020819

J & C Communications
440 Hopkins Street
Lakeland FL 33809-3335

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature	
<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type	
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Transfer from service label) 7002 0860 0001 1755 6231

AUS
 CAT
 CMT
 COM
 CTR
 ECH
 GCI
 OPC
 MMS
 SEC
 J
 DOCUMENT NUMBER DATE
 14011 DEC 24 2002
 FPSC-COMMISSION CLERK

ORIGINAL