

020818

ORIGINAL

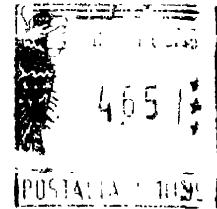
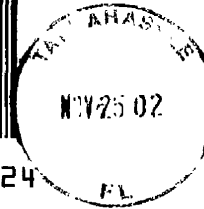
CERTIFIED MAIL

State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7002 0860 0001 1755 6224



~~Herve Salnave~~  
11535 S.W. 135th Court  
Miami FL 33186-4400

10-7  
10-17

SALN555 331860301 1C01 11 1030/0  
NOTIFY SENDER OF NEW ADDRESS  
SALNAVE  
10813 SW 132ND CIRCLE CT  
MIAMI FL 33186-3439

Response -  
Filed 12/2  
BT

331864400 29

**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: **020818**

Herve Salnave  
~~11535 S.W. 135th Court~~  
Miami FL 33186-4400

2. Article Number  
(Transfer from service label)

7002 0860 0001 1755 6224

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

**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  
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

Vertical bar code with labels: AUS, CAF, CMP, COM, CTR, ECR, GCL, OPC, MMS, SEC, OTH

DOCUMENT NUMBER DATE

00067 JAN-38

FROM COMMISSION CLERK