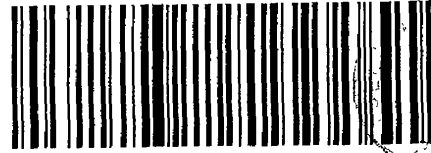


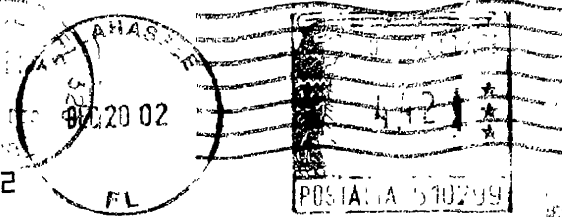
CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Jalhassee, Florida 32399-0850



7002 0860 0001 1755 5852



Langley Corporate Investments
P. O. Box 120355
Clermont FL 32712

UNCLAIMED

12/24/02
29
1-8

DOCUMENT NUMBER - DATE
00670 JAN 22 08
FPSC-COMMISSION CLERK

34712

020820
ORIGINAL

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 		<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery _____</p>	
<p>1. Article Addressed to: <u>020766</u></p> <p>Langley Corporate Investments, Inc. P. O. Box 120355 Clermont FL 34712-0355</p>		<p>C. Signature _____ <input type="checkbox"/> Agent X _____ <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) _____</p>		<p>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.</p>	
<p>3. Return Receipt _____</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7002 0860 0001 1755 5852</p>		<p>102595-01-M-1424</p>	

AUS
CAF
CMP
COM
CTR
ECR
GCL
OPC
MMS
SEC
OTH