

ORIGINAL

RECEIVED LPSC

04 DEC -2 AM 11:49

COMMISSION CLERK

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: 040840

Annox, Inc.
 6509 Highway 41-A
 P. O. Box 230
 Pleasant View TN 37146-0230

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

2. Article Number
 (Transfer from servic

7002 0860 0001 1758 8409

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

State of Florida

Public Service Commissio

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

7002 0860 0001 1758 8409

ANNO230 371461041 1704 02 11/23/04

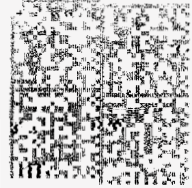
: ANNOX

BOX CLOSED
 UNABLE TO FORWARD
 RETURN TO SENDER

NOT DELIVERABLE AS
 ADDRESSED UNABLE
 TO FORWARD



37146+0230



04782004132
 \$04.420
 Mailed From 32309
 11/18/2004
 US POSTAGE

PAA order PSC-04-1145-PRA-TX

CMP
 COM
 CTR
 ECR
 GCL
 OPC
 MMS
 RCA
 SCR
 SEC
 OTH

DOCUMENT NUMBER DATE

12798 DEC-2 04

EDSC-COMM-SSC-0001-01-0001