34 DEC 13 .PM 1:21 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY DOCUMENT NUMBER-DATE **FPSC-COMMISSIQN CLERK** DEC 13 ≴ COMMISSION A. Received by (Please Print Clearly) Complete items 1, 2, and 3. Also complete B. Date of Delivery Н item 4 if Restricted Delivery is desired. 756-04-1198-PAR-T Print your name and address on the reverse C. Signature so that we can return the card to you. C Agént Attach this card to the back of the mailpiece. Х 94092 or on the front if space permits. ∞ I Yes D. Is delivery address different from item 1? 1. Article Addressed to: 040921 D No if YES, enter delivery address below: 3 MCG, LLC P. O. Box 330967 Miami FL 33233-0967 3. Service Type Certified Mail Express Mail Begistered Return Receipt for Merchandise Insured Mail C.O.D. Restricted Delivery? (Extra Fee) C Yes 2. Article Number 2002 0860 0001 1758 2209 (Transfer from service label) ORIGINAL PS Form 3811, March 2001 **Domestic Return Receipt** State of Florida 102595-01-M-1424 Public Service Commission 2002 0860 0001 1228 5503 2540 Shumard Oak Boulevard Tallahassee Florida 32399-0850 Macoposi Mailed From 32399 US POSTAGE MCG, 110 1st NOTICE DEC 6 2004 Box Ρ. 0967 0. 12/03/2004 047J82004132 04.650 3233-0967 2nd NOTICE Miami FI RETURNED Infinitiation infinitian Infordation in the 33233+0967 19 MMS OPC RCA SCR SEC HEO COM CTR ECR GCL CMP