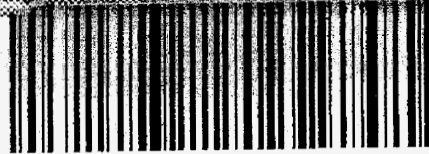
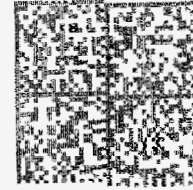


State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850



7002 0860 0001 1758 2308



RETURNED TO SENDER
 ORDER EXPIRED

DE
 040914
 RETURNED TO SENDER
 ORDER EXPIRED

Business Savings Plan
 18200 Von Karman Avenue, 10th Floor
 Irvine CA 92612-1023

US POSTAGE
 Mailed From 32399
 12/03/2004
 \$04.650
 047J82004132

RETURN TO SENDER
 FWDC ORDER EXPIRED

RETURN TO SENDER
 FWDC ORDER EXPIRED

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: *[Handwritten Signature]*

COMPLETE THIS SECTION ON DELIVERY

- | | |
|--|---|
| A. Received by (Please Print Clearly) | B. Date of Delivery |
| C. Signature | |
| | <input type="checkbox"/> Agent |
| | <input type="checkbox"/> Addressee |
| D. Is delivery address different from item 1?
If YES, enter delivery address below: | <input type="checkbox"/> Yes
<input type="checkbox"/> No |

Business Savings Plan
 18200 Von Karman Avenue, 10th Floor
 Irvine CA 92612-1023

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) Yes

DOCUMENT NUMBER-DATE
 13362 DEC 21 8
 FPSC-COMMISSION CLERK

