

ORIGINAL

REC'D 04

UNDEC 21 AM 11:24

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:

04084U

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

2. Article Number

(Transfer from servk

7002 0860 0001 1758 5163

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

▲ Addressee
 Agent
 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

State of Florida

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

047J82004132

Public Service Commissio

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

7002 0860 0001 1758 5163



\$04.420

12/13/2004

Mailed From 32399
US POSTAGE

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

ANN0509 371461032 1A03 15 12/17/04
 RETURN TO SENDER
 : ANNOX, INC
 MOVED LEFT NO ADDRESS
 UNABLE TO FORWARD
 RETURN TO SENDER

37146+0230 033237441-NSA1.....

CMP
 COM
 CTR
 ECR
 GCL
 OPC
 MMS
 RCA
 SCR
 SEC
 OTH

DOCUMENT NUMBER DATE

13376 DEC 21 '80

FPSC-COMMISSION CLERK