

ORIGINAL

RECEIVED-FPSC

05 JAN 10 PM 2:51

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:

040916

Business Savings Plan Inc.
 Ms. Gabrielle Ruelas
 P. O. Box 50936
 Irvine CA 92619-0936

CO

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature 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 7002 0860 0001 1758 5767
 (Transfer from service label)

State of Florida

PS Form 3811, March 2001

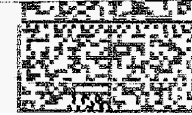
Domestic Return Receipt

102595-01-M-1424

Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

7002 0860 0001 1758 5767



Metro

047J82004132

\$04.420

12/27/2004

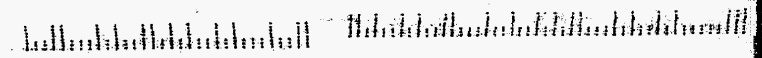
Mailed From 32399
 US POSTAGE

Business Savings Plan Inc.
 Ms. Gabrielle Ruelas
 P. O. Box 50936
 Irvine CA 92619-0936

1st NOTICE 12-30-04

BUSI936 926191001 1A03 10 01/03/05
 RETURN TO SENDER
 BUSINESS SAVINGPLAN
 BOX CLOSED
 UNABLE TO FORWARD

32399-0850



CMP
 COM
 CTR
 ECR
 GCL
 OPC
 MMS
 RCA
 SCR
 SEC
 OTH

DOCUMENT NUMBER - DATE

00315 JAN 10 08

FPSC-COMMISSION CLERK