

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: 040921

MCG, LLC
P. O. Box 330967
Miami FL 33233-0967

2. Article Number
(Transfer from service label)

7002 0860 0001 1755 7191

PS Form 3811, March 2001

Domestic Return Receipt

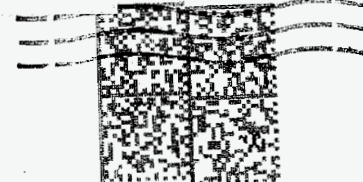
102595-01-M-1424

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7002 0860 0001 1755 7191



**MOVED, LEFT
NO ADDRESS**

~~MCG, LLC
P. O. Box 330967
Miami, FL 33233-0967~~

047J82004132
\$04.420
01/04/2005
Mailed From 32399
US POSTAGE

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 No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

CMP
COM
CTR
ECR
GCL
OPC
MMS
RCA
SCR
SEC 1
OTH

DOCUMENT NUMBER-DA
0316 JAN 10
FPSC-COMMISSION CLERK