

ORIGINAL

RECEIVED-FPSC

JAN 12 PM 12:09

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

L.O.M.
8405 N.W. 29th Street
Miami FL 33122-1924

0409 10

2. Article Number
(Transfer from service label)

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

7002 0860 0001 1758 2254

State of Florida
Public Service Commission

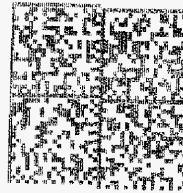
2540 Shumard Oak Boulevard
Tallahassee, Florida 32309-0850

7002 0860 0001 1758 2254

RETURN TO SENDER
UNCLAIMED

L.O.M.
8405 N.W. 29th Street
Miami FL 33122-1924

10/12-6



US POSTAGE
Mailed From 32309
12/03/2004
\$04.650
047J82004132

PEC-04-1198-PAA-T1

33122+3224350850



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?
If YES, enter delivery address below: Yes
 No

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
OTH

DOCUMENT NUMBER-DATE

00438 JAN 12 08

FPSC-COMMISSION CLERK