

RECEIVED-FPSC

15 JAN 2 PM 12:09

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete
- Complete Restricted Delivery is desired: 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: 040917

Arctics  
8405 N.W. 29th Street  
Miami FL 33122-1924

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature  Agent  
**X**  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 2247  
(Transfer from service label)

State of Florida

Public Service Commission

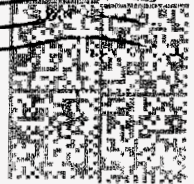
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

7002 0860 0001 1758 2247

RETURN TO SENDER  
UNCLAIMED

Arctics  
8405 N.W. 29th Street  
Miami FL 33122-1924

NOT  
12-6



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

PEC-04-1198-PAA-TI

ORIGINAL

CMP  
COM  
CTR  
ECR  
GCL  
OPC  
MMS  
RCA  
SCR  
SEC  
OTH

DOCUMENT NUMBER - DATE  
00439 JAN 11 2008  
FPSC - COMMISSION CLERK