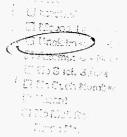
## Public Service Commission

2540 Shumard Oak Bouleyard Tallahassee, Florida 32399-0850



7002 0860 0001 1758 5613

Chris OConnell P. O. Box 466 Eagle Lake 1

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:

041053

Chris OConnell P. O. Box 466 Eagle Lake FL 33839-0466

PSC-04-1271-PAA-TC

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:   \[ \square  \text{No} \]			

	3.	Service Type
i		Certified Ma
		☐ Registered
		☐ Insured Mail

☐ Express Mail

☐ Return Receipt for Merchandise

4. Restricted Delivery? (Extra Fee)

7002 0860 0001 1758 5613

☐ Yes

2. Article Number

(Transfer from service label) PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424