

CMP
COM
CTR
ECR
GCL
OPC
MMS
RCA
SCR
SEC
OTH

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: 041061

Jestel Corporation
P. O. Box 171414
Hialeah FL 33017-1414

70

2. Article Number
(Transfer from service label)

7002 0860 0001 1758 5668

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

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

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Jestel Corporation
 RETURN TO SENDER
 UNCLAIMED

1/13
 SECOND
 1/6
 FIRST

04782004132
 \$04.650
 12/23/2004
 Filed From 32399
 S POSTAGE

POC-04-1271-PAA-TC

ORIGINAL

00765 JAN 21 8
 FPSC COMMISSION CLERK

COMMISSION CLERK
 JAN 21 12 12 PM '04
 COMMISSION CLERK