

ORIGINAL

RIVED-FPSC

05 JAN 24 PM 4:01

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: **041147**

Second Chance Phone
P. O. Box 487
Brooksville FL 34605-0487

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
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
(Transfer from service label)

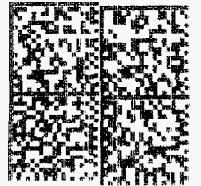
7002 0860 0001 1758 5583

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

7002 0860 0001 1758 5583



Second Chance Phone
P. O. Box 487
Brooksville FL 34605

REASON CHECKED

Unclaimed Refused

Attempted - Not Known

Insufficient Address

No Such Street

No Such Number

No Such Office In State

Do Not Remail This Envelope

1st NOTICE 12-27

2nd NOTICE 1/7/05

RETURNED 1/17/05

Net Post

047J82004132

\$04.420

12/21/2004

Mailed From 32399

US POSTAGE

PSC-04-1247A-PAA-TV

CMP _____

COM _____

CTR _____

ECR _____

GCL _____

OPC _____

MMS _____

RCA _____

SCR _____

SEC 1

OTH _____

DOCUMENT NUMBER-DATE

00862 JAN 24 08

FPSC-COMMISSION CLERK