

RECEIVED-FPSC

05 JAN 28 PM 12: 29

COMMISSION CLERK

040936-TI

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: 040936

Business Savings Plan  
18200 Von Karman Avenue, 10th Floor  
Irvine CA 92612-1023

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  No  
If YES, enter delivery address below:

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 6134  
3. (Transfer from service)

PS Form 3811, March 2001 Domestic Return Receipt

7002 0860 0001 1758 6139

OE 1240

Business Savings Plan  
18200 Von Karman Avenue, 10th Floor  
Irvine CA 92612-1023

ORIGINAL

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

047J82004132

\$04.420

12/27/2004

Mailed From 32399  
US POSTAGE

RETURN TO SENDER  
FWDC CRD

RETURN TO SENDER  
FWDC CRD

PSC-04-1277-CO-TI

CMP  
COM  
CTR  
ECR  
GCL  
OPC  
MMS  
RCA  
SCR  
SEC  
OTH

DOCUMENT NUMBER-DATE

01025 JAN 28 08

FPSC-COMMISSION CLERK