

ORIGINAL

RECEIVED-FPSC

05 FEB -2 PM 2:51

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: 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
(Transfer from service label)

7002 0860 0001 1755 7221

State of Florida

PS Form 3811, March 2001

Domestic Return Receipt

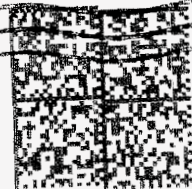
102595-01-M-1424

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7002 0860 0001 1755 7221



NetPost

047J82004132
\$04.420
Mailed From 32399
01/04/2005
US POSTAGE

RETURN TO
SENDER
8405 N.W. 29th Street
Miami FL 33122-1924
UNCLAIMED

29th Street
33122-1924

Handwritten signature/initials in a circle

PSC
04-1277A-CO-17

CMP
COM
CTR
ECR
GCL
OPC
MMS
RCA
SCR
SEC
OTH

DOCUMENT NUMBER - DATE

01236 FEB-2 08

FPSC-COMMISSION CLERK