CERTIFIED MAIL



7002 0860 0001 1758 5958

State of Florida

## Public Service Commission

2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850



PSC-04-1271-PAA-TC

1-16

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Received by (Please Print Clearly) B. Date of Delivery item 4 if Restricted Delivery is desired. Print your name and address on the reverse C. Signature so that we can return the card to you. ■ Attach this card to the back of the mailpiece, ☐ Agent X or on the front if space permits. ☐ Addressee D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: 04/033If YES, enter delivery address below: Gracia Inzerillo 14651 S.W. 148th Street Circle

DOOLSHAT SO MOTH-DATE

01369 FEB-78

Article Number (Transfer from service label)

7002 0860 0001 1758 5958

4. Restricted Delivery? (Extra Fee)

☐ Express Mail

☐ C.O.D.

☐ Return Receipt for Merchandise

Service Type
Certified Mail

☐ Registered

☐ Insured Mail

PS Form 3811, March 2001

Miami FL 33196-2345

Domestic Return Receipt

102595-01-M-1424

☐ Yes

STATE