

ORIGINAL

FPSC

FEB 17 PM 1:53

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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 to the back of the mailpiece, or on the front if space permits.

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

1. Article Addressed to: 041033

Gracia Inzerillo  
 14651 S.W. 148th Street Circle  
 Miami FL 33196-2345

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 1759 7784

State of Florida

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

Public Service Commission

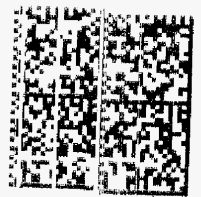
2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850

7002 0860 0001 1759 7784

Gracia Inzerillo  
 14651 S.W. 148th Street Circle  
 Miami FL 33196-2345

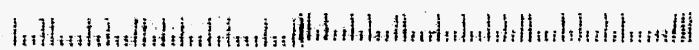
1937  
 7-1-20  
 RETURNED TO SENDER  
 UNCLAIMED

047305004102  
 \$04.420  
 01/18/2005  
 Mailed From: 32399  
 US POSTAGE



PSC-05-0056-CO-T1

323990850



- CMP
- COM
- CTR
- ECR
- GCL
- OPC
- MMS
- RCA
- SCR
- SEC
- OTH

DOCUMENT NUMBER - DATE

01669 FEB 17 '05

FPSC-COMMISSION OF FIN...