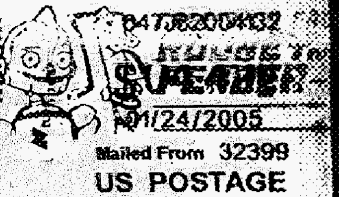
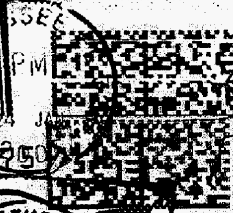


State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



Handwritten: 1/26/05

Handwritten signature: Hasan Akhtar

UNCLAIMED

Hasan Akhtar
3813 North Andrews Avenue
Ft. Lauderdale FL 33309-5263

RETURNED TO SENDER
REASON CHECKED
Unclaimed Refused
Attempted-Not known
Insufficient Address
No such street
No such office
Do not remain in this office

NAME _____
1st Notice 01-26
2nd Notice 1-31
Return 02-10

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery</p> <hr/> <p>C. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <hr/> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">040997</p> <p>Hasan Akhtar 3813 North Andrews Avenue Ft. Lauderdale FL 33309-5263</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">- CO -</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, March 2001 Domestic Return Receipt 102596-01-M-1424</p>	

PSC-05-0082-CO-TC

ORIGINAL

DOCUMENT NUMBER - DATE
01769 FEB 21 05
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