

ORIGINAL

RECEIVED-FPSC

05 FEB 25 PM 2:50

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:

041051

William Reilly

Altamonte Springs FL 32714-1772

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature

A

- Agent
- Addressee

D. Is delivery address different from item 1? If YES, enter delivery address below:  Yes  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 1759 7876

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

NAME

1st NOTICE

2nd NOTICE

RETURN

2-8  
2-16

047352304132

\$04.42

01/18/2005

Mailed From 32399

US POSTAGE

William Reilly

REIL982 327 D1 1 105 C 24 01/28/05  
NOTIFY SENDER OF NEW ADDRESS  
REILLY, WILLIAM  
1481 COUNTRY VILLA CT  
APOPKA FL 32703-504

BC 32703504081

NIXIE 327 1 24 02/22/05

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

BC: 32399701940 \*0687-04974-18-47

PSC-05-0056-00-TC

32399701940

CMP  
COM  
CTR  
ECR  
GCL  
OPC  
MMS  
RCA  
SCR  
SEC  
OTH

DOCUMENT NUMBER-DATE

01955 FEB25 18

FPSC-COMMISSION CLERK