

ORIGINAL

RECEIVED-FPSC

MAR -3 PM 1:38

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: 041061

Jestel Corporation
P. O. Box 171414
Hialeah FL 33017-1414

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature X Agent Addressee

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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 7944



Jestel Corporation



UNCLAIMED

DELIVERY NOTICES

1/20

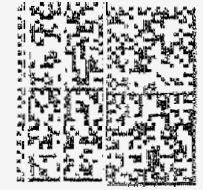
FIRST

1/27

SECOND

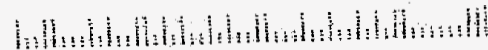
2/4

047J8200402
\$04.42
01/18/2004
Mailed From 32399
US POSTAGE



PSC-05-0056-CO-TC

32399-



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

DOCUMENT NUMBER

02202 MAR

FPSC-COMMISSION