ORIGINAL

MECEIVED FPSC

ODEC 12 AMIO: 37

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 card to the back of the mailpiece, or on the front if space permits. Article defense to: DS0663-TC Lakeshore Car Care, Inc. | A. Received by (<i>Please Print Clearly</i>) B. Date of Delivery C. Signature Agent D. Is delivery address different from item 1? If YES, enter delivery address below: No |
| Winter Haven FL 33884-1163 | 3. Service Type 3. Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes |
| 2. Article Number 7004 1160 0004 5750 7247 (Transfer from service label) 7004 1160 0004 5750 7247 | |
| PS Form 3811, March 2001 Domestic Re | turn Receipt 102595-01-M-1424 |

CMP _____ COM _____ CTR _____ ECR _____

.

.

- GCL
- OPC
- rca
- SCR
- SGA
- SEC
- ОТН _____

DOCUMENT NUMBER-DATE 11571 DEC 12 8

FPSC-COMMISSION CLERK