

POST-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: **PSC-05-1258 050756**

BW Consulting, L.L.C.  
123 Luckie Street, N.W., Suite 1507  
Atlanta GA 30303-2166

*PAA*

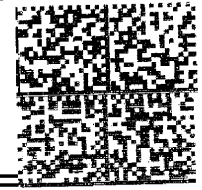
**COMPLETE THIS SECTION ON DELIVERY**

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

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C. Signature  Agent  
**X**  Addressee

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



047J82004132  
**\$04.880**  
 12/27/2005  
 Mailed From 32399  
 US POSTAGE  
*DN 00126-06*

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) **7004 1160 0004 5751 0568**

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

**State of Florida  
Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

*050756-TF*

**ORIGINAL**

*UNDELIVERABLE*

*UNDELIVERABLE AS ADDRESSED*

*UNDELIVERABLE AS ADDRESSED*

Insufficient Address

Moved, Left No Address

Unclaimed  Refused

Attempted-Not Known

No Such Street  Number

Vacant  Illegible

No Mail Receptacle

Box Closed-No Order

Deceased

Postage Due

*UNDELIVERABLE 334*

CMP | COM | CTR | ECR | GCL | OPC | RCA | SCR | SGA | SEC | OTH