

ORIGINAL

00560 JAN 20 1988

JAN 20 PM 2:27

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:

W-050702
PSC-06-0019-W-I

Long Distance Billing
Ms. Maria Wiegand
P. O. Box 898
Tustin CA 92781-0898

2. Article Number

(Transfer from service label)

7004 1160 0004 5751 0957

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

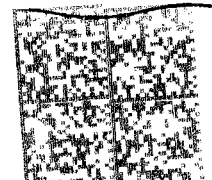
7004 1160 0004 5751 0957

Long Distance Billing
Ms. Maria Wiegand
P. O. Box 898
Tustin CA 92781-0898

RETURN RECEIPT REQUESTED



BOX CLOSED
NO FORWARDING
ORDER ON FILE



US POSTAGE
Mailed from 32399
01/06/2006
\$04.420
047J82004132

92781+0898

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

If YES, enter delivery address below:

No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

CMP	COM	CTR	ECR	GCL	OPC	RCA	SCR	SGA	SEC	OTH
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DOCUMENT NUMBER-DATE

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FPSC-COMMISSION CLERK