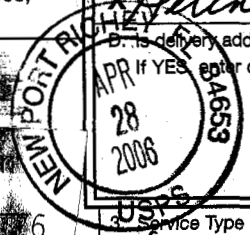


ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to: <p style="text-align: center; font-size: 2em;">060057</p> <p>Lindrick Service Corporation P. O. Box 1176 New Port Richey FL 34656-1176</p> <p style="font-size: 1.5em; font-family: cursive;">PSC-06-0349-SC-WS</p>	C. Signature <p style="font-size: 1.5em; font-family: cursive;">Helen L. M. [Signature]</p> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No E. If YES, enter delivery address below:	
2. Article Number (Transfer from service)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7004 1160 0004 5750 9500		



- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE
 03789 MAY-1 8
 FPSC-COMMISSION CLERK