

ORIGINAL

RECEIVED FPSC

06 JUL 12 AM 9:28

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:

060074

Alturas Utilities, L.L.C.  
 Ms. Amanda Chamber  
 P. O. Box 2457  
 Winter Haven FL 33883-2457

PSC-06-0532-SC-WH

2. Article Number

(Transfer from service label)

7004 1160 0004 5751 4108

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *M. Dunne*

Agent

Addressee

B. Received by (Printed Name)

*M. Dunne*

C. Date of Delivery

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 1

OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

06095 JUL 12 9

FPSC-COMMISSION CLERK