

ORIGINAL

RECEIVED-FPSC

06 JUL 26 PM 3:49

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: 060465

James Larman  
5884 Morningstar Circle, #306  
Delray Beach, FL 33484-8514

**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

PSC-06-0614-PAA-TC

2. Article Number  
(Transfer from service label)

7004 1160 0004 5751 4047

State of Florida

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

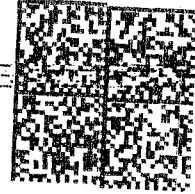
**Public Service Commission**

2540 Shumard Oak Boulevard,  
Tallahassee, Florida 32399-0860



7004 1160 0004 5751 4047

James Larman  
5884 Morningstar Circle, #306  
Delray Beach, FL 33484-8514



nespost

Mailed From 32399  
US POSTAGE

07/20/2006

\$04.640

047J82004132

CMP  
COM  
CTR  
ECR  
GCL  
OPC  
RCA  
SCR  
SGA  
SEC  
OTH

DOCUMENT NUMBER - DATE

06588 JUL 26 '06

FPSC-COMMISSION CLERK