

ORIGINAL

RECEIVED-FPSC

06 JUL 31 PM 3: 21

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 flat if space permits.

1. Article Addressed to: **060465**

Holiday Inn Express Hotel and Suites  
1230 Seaway Drive  
Ft. Pierce, FL 34949-3148

2. Article Number  
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature  Agent  
**X**  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-AAA-TC**

**7004 1160 0004 5751 3958**

State of Florida

PS Form 3811, March 2001

Domestic Return Receipt

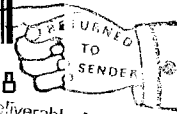
102595-01-M-1424

Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



**7004 1160 0004 5751 3958**



Holiday Inn Express Hotel and Suites  
1230 Seaway Drive  
Ft. Pierce, FL 34949-3148

- Not Deliverable As Addressed
  - Unable To Forward
  - Incorrect Address
  - Moved, Left No Address
  - Unclaimed  Refused
  - Attempted - Not Known
  - No Such Street  Vacant
  - No Such Number
  - No Mail Receptacle
  - Returned For Better Address
- Route No. **1044**  
City/Township **06/24**

047J82004132  
\$04.640  
07/20/2006  
Mailed From 32399  
US POSTAGE

CMP  
COM  
CTR  
ECR  
GCL  
OPC  
RCA  
SCR  
SGS  
SEC  
OTH

DOCUMENT NUMBER - DATE

06835 JUL 31 98

FPSC-COMMISSION CLERK