

RECEIVED - FPSC

06 AUG -9 PM 12: 26

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: 060462

Colmena Corp. of Delaware
6499 N.W. 9th Avenue, Suite 304
Ft. Lauderdale, FL 33309-2043

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) 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

PSC-06-0611-AAA-TX

2. Article Number
(Transfer from service label)

7004 1160 0004 5751 2708

State of Florida

PS Form 3811, February 2004

Domestic Return Receipt

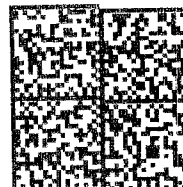
102595-02-M-1540

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7004 1160 0004 5751 2708



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6499 N.W. 9th Avenue, Suite 304
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REASON FOR RETURN

Unclaimed Refused

Attempted-Not known

Insufficient Address

No such street number

No such office in state

Do not remail in this envelope

RETURN TO SENDER

UNCLAIMED NO SUCH ADDRESS

UNKNOWN NO SUCH NUMBER

GONE NO FORWARD FORWARD EXPIRED

VACANT CLOSED NO BOX

ROUTE DATE INT

uspost

Mailed From 32399

07/20/2006

\$04.640

047J82004132

CMP
COM
CTR
ECR
GCG
OPC
RCA
SCR
SGA
SEC
OTH

DOCUMENT NUMBER - DATE

07151 AUG-98

FPSC-COMMISSION CLERK

ORIGINAL