

ORIGINAL

RECEIVED-FPSC

05 AUG 14 PM 1:31

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: 060469

Zephyrhills Cinema 6  
6848 Gall Blvd.  
Zephyrhills FL 33541-2512

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  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PSC-06-0618-PAF-TC

2. Article Number  
(Transfer from service label)

7004 1160 0004 5751 2319

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 2319

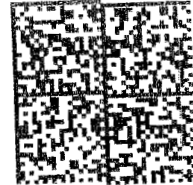


Zephyrhills Cinema 6  
6848 Gall Blvd.  
Zephyrhills FL 33541-2512

Handwritten signature and date: N.L. 7-28-06

1st NOTICE  
2nd NOTICE  
RETURNED

Handwritten numbers: 7-28, 8-8



USPS logo

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

CMP  
COM  
CTR  
ECR  
GCL  
OPC  
RCA  
SCR  
SGA  
SEC  
OTH

DOCUMENT NUMBER - DATE

0727 | AUG 14 08

FPSC-COMMISSION CLERK