

ORIGINAL

RECEIVED PSC

05 AUG 17 PM 2:13

COMMISSIONER
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:

060466

K. Kessler Inc.
4312 West Corona Street
Tampa FL 33629-7712

2. Article Number

(Transfer from service lab)

7004 1160 0004 5750 9982

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7004 1160 0004 5750 9982

K. Kessler Inc.
4312 West Corona Street
Tampa FL 33629-7712



UNCLAIMED

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- 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

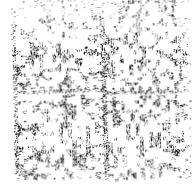
3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PSC-06-0615-PAA-TI



07/20/06
\$04.640
07/20/06
US POSTAGE
7/24/06
7-24
8-6 PPS

DOCUMENT NUMBER - DATE
07407 AUG 17 98
FPSC-COMMISSION CLERK

CMP
COM
CTR
ECR
GCI
OPC
RCA
SCR
SCA
SEC
OTI