

ORIGINAL

RECEIVED
06 AUG 18 AM 11:45

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
 Seashore Services, Inc.
 11082 Fieldfair Drive
 Naples, FL 34119-8924

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature _____ 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 7004 1160 0004 5751 4061
 (Transfer from service label)

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



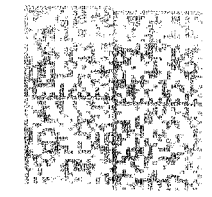
7004 1160 0004 5751 4061

Seashore Services, Inc.
 11082 Fieldfair Drive
 Naples, FL 34119-8924

(14)
 RECEIVED
 AUG 18 2006
 COMMUNICATIONS SECTION

RECEIVED
 AUG 18 2006
 COMMUNICATIONS SECTION

1st NOTICE _____
 2nd NOTICE 7-27
 RETURNED 8-6



US POSTAGE
 0602 2006
 \$0.40
 07 20 2006
 32399

DOCUMENT NUMBER DATE

07448 AUG 18 06

FPSC-COMMISSION CLERK

CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 RCA _____
 SCR _____
 SGA _____
 SEC _____
 OTH _____