

ORIGINAL

RECEIVED 11:00

08 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: 060466

The Gulas Group, L.L.C.
2530 Kanawha Circle
Birmingham AL 35244-2235

PS-06-0615 - PAA-TI

2. Article Number 7004 1160 0004 5750 9821
(Transfer from service lat)

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 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

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7004 1160 0004 5750 9821

PS Form 3811, February 2004

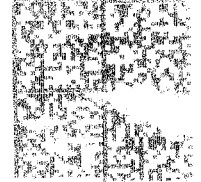
Domestic Return Receipt

102595-02-M-1540

UNCLAIMED

The Gulas Group, L.L.C.
2530 Kanawha Circle
Birmingham AL 35244-2235

FIRST NOTICE
SECOND NOTICE
RETURNED 7-29
8-8



US POSTAGE
\$04.640
07-10-2005
06399
047A2004-B2
20-0027470

7-24-06

DOCUMENT NUMBER DATE

07449 AUG 18 98

FPSC-COMMISSION CLERK

CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 RCA _____
 SCR _____
 SGA _____
 SEC 1
 OTH _____