

ORIGINAL

RECEIVED 2004

00 AUG 21 PM 12:39

COMMUNICATIONS 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-TC*

James Larman
5884 Morningstar Circle, #306
Delray Beach, FL 33484-8514

PS-06-0722-00-TC

2. Article Number
(Transfer from service label)

7005 1160 0003 8789 5345

PS Form 3811, February 2004

102595-02-M-1540

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7005 1160 0003 8789 5345



804640
08/16/2004
ADDRESS 5884
US POSTAGE

COMPLETE THIS SECTION ON DELIVERY

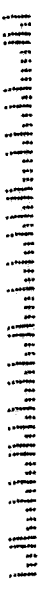
A. Signature
 Agent
 Addressee

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



CMP COM CTR ECR GCL OPC RCA SCR SGA SEC OTH

FPSC-COMMISSION CLERK

07563 AUG 21 09

DOCUMENT NUMBER-DATE