DOCUMENT NUMBER-DATE

	SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		
PM 3: 1/2	 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. 		A. Received by (Please Print Clearly	B. Date of Delivery	
			C. Signature X D. Is delivery address different from	☐ Agent ☐ Addressee tern 1? ☐ Yes	
CENTRISSING CONTRISSING CLERK	1. Article Addressed to: O6	0466-TI	If YES, enter delivery address be		
	Ronam Internation P. Ossox 1468				
	Bocarkaton, FL 3	3429-1468 l	3. Service Type **Certified Mail **D Express	Mall	
\bigcirc	050 01 1	170 1 A.2 T	☐ Registered ☐ Return R ☐ Insured Mail ☐ C.O.D.	eceipt for Merchandise	
	2. Article Number (Transfer from service label)	701-00-1 <u>7</u>			
State of Florida	PS Form 3811, March 2001	Domestic Re	turn Receipt	102595-01-M-1424	047,182004132
Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850			\$ 100 miles		\$ 04.640 08/16/2006
					Model From 32399 US POSTAGE
	Ronam International, Inc. P. O. Box 1468		NAME		

Boca Raton_EL 33429-1468

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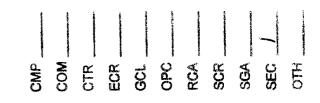
2nd Notice 9/9

Return.

RETURN TO SENDER REFUSED UNABLE TO FORWARD

NIXIE

BC: 32399701940 *0938-05184-15-45



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