

RECEIVED-FPSC

06 OCT 17 PM 3:42

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-TL

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

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

4. Restricted Delivery? (Extra Fee) Yes

PSC-06-0702-CO-TC

2. Article Number
(Transfer from service label)

7005 1160 0003 8789 5321

State of Florida

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

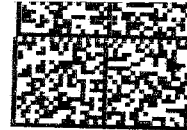
047J82004132

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7005 1160 0003 8789 5321



Mc response

\$04.640

08/15/2006

Mailed From 32399
US POSTAGE

RTS
RETURN TO SENDER

- INSUFFICIENT ADDRESS
- ATTEMPTED NOT KNOWN
- NO SUCH NUMBER/STREET
- NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD
- OTHER

1st NOTICE 9/29
2nd NOTICE 10/03
RETURNED

A
C
S

UNCLAIMED

6000B

ORIGINAL

DOCUMENT NUMBER - DATE
09584 OCT 17 8
FPSC - COMMISSION CLERK

CMP
COM
CTR
ECR
GCL
OPC
RCA
SCR
SGA
SEC
OTH