

ORIGINAL

RECEIVED FPSC

07 MAR 12 AM 9:39

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: 060257

Mid-County Services, Inc.
Mr. Patrick C. Flynn
200 Weathersfield Avenue
Altamonte Springs FL 32714-4027

RSC-07-0199-PAA-WS

2. Article Number
(Transfer from servic

7006 0810 0002 3488 0524

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X [Signature] Addressee

B. Received by (Printed Name) C. Date of Delivery
F. Troringe 3/8/07

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