

ORIGINAL

RECEIVED-1100
07 MAY 21 AM 10:07
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: *070317-WU*
Comp. mar

Lake Utility Services, Inc.
c/o Utilities Inc.
Patrick C. Flynn, Regional Director
200 Weathersfield Avenue
Altamonte Springs, Florida 32714-4027

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

B. Received by (Printed Name) C. Date of Delivery
F. TROVINGER *5/18/07*

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

2. Article Number *7006 0810 0002 3488 0708*
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

04107 MAY 21 8

FPSC-COMMISSION CLERK