

ORIGINAL

060253-WS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery L. ABBOTT 07/11/07</p>	
<p>1. Article Addressed to: 060253</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>Utilities, Inc. of Florida Mr. Patrick C. Flynn 200 Weathersfield Avenue Altamonte Springs FL 32714-4027</p>	<p>Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PSC-07-0566-W-WS</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Article Number 7006 0810 0002 3488 1262 (Transfer from service lab)</p>		
<p>Form 3811, February 2004</p>	<p>Domestic Return Receipt</p>	<p>102595-02-M-1540</p>

RECEIVED-FPSC
07 JUL 13 AM 8:58
COMMISSION CLERK

DOCUMENT NUMBER-DATE
05886 JUL 13 5
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