

RECEIVED-FPSC

09 FEB 23 AM 10:13

COMMISSION  
CLERK

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> | A. Signature <input type="checkbox"/> Agent<br><input checked="" type="checkbox"/> Addressee  |
| 1. Article Addressed to:<br><br>Peoples Gas System<br>Ms. Paula K. Brown<br>Administrator, Regulatory Coordination<br>702 North Franklin Street<br>Tampa FL 33602-4429   | B. Received by (Printed Name) C. Date of Delivery<br>2-15   |
| 2. Article Number<br>(Transfer from service label)   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |
| PS Form 3811, February 2004  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |
| Domestic Return Receipt  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |

090083-6U

7006 0810 0002 3487 7456

DOCUMENT NUMBER DATE  
01463 FEB 23 2004  
FPSC-COMMISSION CLERK