

100104-WU

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11 JAN -6 AM 8:17

COMMISSION  
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<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<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>		<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>X Yonca Blankenship</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>1-4-11</u></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>1. Article Addressed to:</p> <p>Water Management Services, Inc.          Mr. Gene D. Brown          250 John Knox Road, #4          Tallahassee FL 32303-4234</p>		<p>3. Service Type</p> <input checked="" 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>2. Article Number          (Transfer from service label)</p> <p><u>100104-WU PSC-11-0010-SC-WU</u></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p><u>7010 0780 0002 2867 6976</u></p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

UNITED STATES POSTAL SERVICE



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**Florida Public Service Commission  
 Office of Commission Clerk  
 2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850**

*(CLK)*

100104 WU

DOCUMENT NUMBER-DATE

00109 JAN-6 =

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