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COMMISSION CLERK

SETABLES COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature X
Article Addressed to:	
Bimini Bay Utilities Corporation David Meadows, President 101 Golden Malay Palm Way Davenport, Florida 33897-8602	
	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
090424-WS PSC-11-0542 man	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7 🗆 🖂 🤊	EPES 2114 2000 014E
PS Form 3811, February 2004 Domestic Ref	turn Receipt 102595-02-M-

DOCUMENT MEMBER PATE

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