

RECEIVED--FPSC

15 JAN 20 AM 9: 33

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 checked="" type="checkbox"/> <i>Sue D. Pasquale</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <b>Pocket: 150026-KLS Complaint</b>		B. Received by (Printed Name) <i>Sue D. Pasquale</i>	C. Date of Delivery
Lake Utility Services, Inc. Attention: Mr. Patrick C. Flynn 200 Weathersfield Avenue Altamonte Springs FL 32714-4027		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		3. Service Type <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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7010 0780 0002 2864 5743	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	