

State of Florida

Public Service Commission

Fletcher Building, 101 East Gaines Street
Tallahassee, Florida 32399-0850

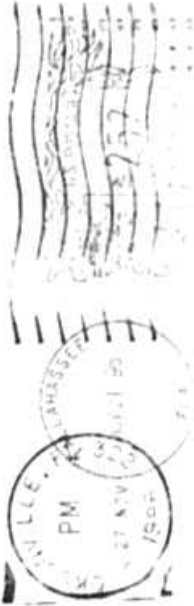
CERTIFIED MAIL

Return Receipt Requested

No. 96401

John E. Smith
3927 Cove Saint Johns Road
Jacksonville FL 32277-2103

32277-2103



FOR
MATT



Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4 and 5a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

John E. Smith
3927 Cove Saint Johns Road
Jacksonville FL 32277-2103

96401

4a. Article Number

4b. Service Type

- Registered
- Insured
- Certified
- COD
- Express Mail
- Return Receipt for Merchandise

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

96401

96401

Thank you for using Return Receipt Service.

PS Form 3811, December 1991 U.S. GPO: 1989-365-714

DOMESTIC RETURN RECEIPT

DOCUMENT NUMBER-DATE
12770 DEC-2 1991
FPSC-RECORDS/REPORTING