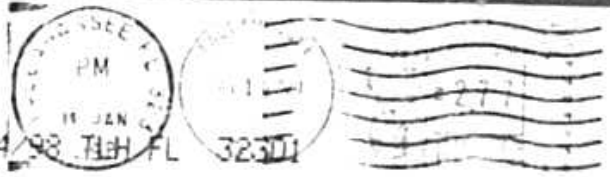


C W S RCH OFC LTN LEG EAG CTR CMU  
 Florida Public Service Commission  
 Division of Records and Reporting  
 2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850

INSUFFICIENT ADDRESS  
 NO SUCH NUMBER  
 UNCLAIMED  REFUSED  
 ATTEMPTED NOT KNOWN  
 NO SUCH STREET  
 VACANT  
 NO RECEPTACLE  
 NOT DELIVERABLE AS  
 ADDRESSED - UNABLE  
 TO FORWARD  
 ROUTE NO. \_\_\_\_\_ DATE \_\_\_\_\_  
 CARR/INITIALS \_\_\_\_\_



Name \_\_\_\_\_ JAN 15 1998  
 1st Notice \_\_\_\_\_ N 21  
 2nd Notice \_\_\_\_\_  
 Return: \_\_\_\_\_ JAN 11 1998

**CERTIFIED MAIL**  
 Return Receipt Requested  
 No. 98-0001A

Joe E. Finger  
 5124 Lazy Oak Drive  
 Winter Park FL 32792-9270

7804



**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 971382

4a. Article Number 98-0001A

Joe E. Finger  
 5124 Lazy Oak Drive  
 Winter Park FL 32792-9270

Certified  
 Insured  
 COD

(Only if requested)

6. Signature: (Addressee or Agent)

DOCUMENT NO.  
 01558-8810  
 8/10/98

Thank you for using Return Receipt Service.

Domestic Return Receipt

ORIGINAL