

1546

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

ORIGINAL

CELESTINE MARI
Return Receipt Requested

No. 15-1415

Registered
Attorney at Law

Southeastern Telecom
1390 Saddle Court
Palm Harbor FL 34683-6212

NAME _____
1st Name _____
2nd Name _____
Return _____

Domestic Return Receipt

(Only if requested)

Insured
 COD

Certified

4b. Article Number 98-1415

4c. Service Type

3. Article Addressed to:
98131
Southeastern Telecom
1390 Saddle Court
Palm Harbor FL 34683-6212

8. Signature: (Addressee or Agent)
X

I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.

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 the 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.

Is your RETURN ADDRESS completed on the reverse side?

ACK _____
AFA _____
APP _____
CAF _____
CM _____
CTP _____
EAC _____
EL _____
FI _____
FR _____
R _____
SF _____
WAS _____
OTH _____

DOCUMENT NUMBER - DATE
14045 DEC 14 88