

ORIGINAL

State of Florida Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Mr. Leslie Kim
4503 22nd Avenue
Tampa, FL 33619-5135

CERTIFIED MAIL
Return Receipt Requested
99-021

RECEIVED

814
-23

is your RETURN ADDRESS completed on the reverse side?

SENDER:

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

3. Article Addressed to:

Mr. Leslie Kim Fowler
4503 22nd Avenue, S.
Tampa FL 33619-5135

4a. Article Number

99-021

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

- 1. Addressee's Address
 - 2. Restricted Delivery
- Consult postmaster for fees.

Certified
 Insured
 COD

(Only if requested)

(For use only)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

AIR	
AFA	
APP	
CAP	
CMU	1
CTR	
EAG	
EDD	1
LHM	
OPC	
RCH	
SEC	1
WAS	
WTM	

DOCUMENT NUMBER-DATE

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PPSC-RECORDS REPORTING