

ACK _____
 AFA _____
 APP _____
 CAF _____
 CMU _____
 CTR _____
 EAG _____
 LEG _____
 LIN _____
 OPC _____
 RCH _____
 SEC _____
 VAS _____
 H _____

Is your return address completed on the reverse side?

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 Requester" 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: 981483

FA Services, Inc.
 Robert J. Corso
 2112 Cypress Bend Drive, #201
 Pompano Beach FL 33069-4452

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

4a. Article Number

99-2054

- Certified
- Insured
- COD

 (Only if requester)

Thank you for using Return Receipt Service.

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

FA Services, Inc.
 Robert J. Corso
 2112 Cypress Bend Drive, #201
 Pompano Beach FL 33069-4452

CERTIFIED MAIL
 Return Receipt Requested
 NH 99-0054



COURSI 330690233 1A97 18 01/27/99
 FORWARD TIME EXP RTN TO SEND
 CORSO ROBERT J
 3325 PINEWALK DR N #17-201
 MARSHATE FL 33063-7827

DOCUMENT NUMBER-DATE
01244 FEB-1 99
 FDSC-RECORDS/REPORTING