

AC: _____
 AFA _____
 APP _____
 CAF _____
 CMU _____
 CTR _____
 EAG _____
 LEG _____
 LIN _____
 OPC _____
 RCH _____
 SEC _____
 WAS _____
 OTH _____

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.

3. Article Addressed to: **98 1437**
 4a. Article Number **99 -**

People's Communication Inc.
 Duane Jarrell
 8778 North Cascade Point
 Dunneillon FL 34434-4707

- Certified
 - Insured
 - COD
- exchange COD
- as (Only if requested)

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

14653/S4/47
 Florida, FL 34434

CERTIFIED MAIL
 Return Receipt Requested
 No. 99-0080

FIRST NOTICE
SECOND NOTICE
RETURN

RESERVED FOR POSTAL USE ONLY
 N2
 1st FEB 13 1995
 2nd NOV 13 1994
 Return 2-13
 PM
 32
 99
 99

People's Communication Inc.
 Duane Jarrell
 8778 North Cascade Point
 Dunneillon FL 34434-4707

REASON CHECKED
 Unclaimed Refused

Address Unknown

No Such Addressee

Do not re-mail in this envelope

98

98