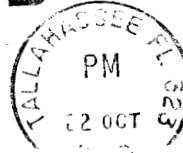


State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850



ORIGINAL

WOULD NOT ACCEPT  
 SLOWLYING ORDER  
 UNCLAIMED - NOT KNOWN  
 NO SUCH STREET  
 NO SUCH NUMBER  
 INSUFFICIENT

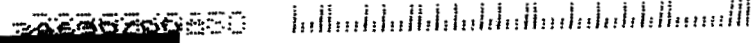
Mary Alissandratos



*blaw*

**CERTIFIED MAIL**  
 Return Receipt Requested  
 No. 99-280

**Box Closed - No Order**



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 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):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

*2073*

Article Addressed to: 99/118  
 Mary Alissandratos  
 P. O. Box 3053  
 Holiday FL 34690-0053

4a. Article Number  
99-280

- Certified
- Insured
- COD

Thank you for using Return Receipt Service.

Is your RETU

5. Received by: (Print Name)

6. Signature: (Addressee or Agent)

**X**

Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Domestic Return Receipt

AFA  
 APP  
 CAF  
 CMU  
 CTR  
 EAG  
 LEG  
 MAS  
 OPC  
 PAL  
 SEC  
 WAW  
 OTH

DOCUMENT NUMBER - DATE

4947 NOV 19 86

FPSC-RETURNS/REPORTING