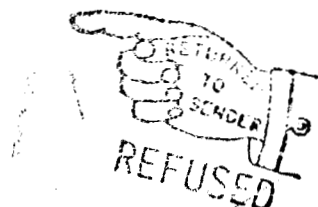
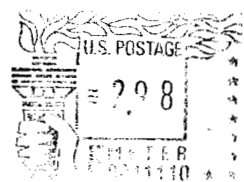


State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850



Thomas Vincent Caranetti  
 5445 Winkler Road  
 Ft. Myers FL 33919-2647

ORIGINAL

CERTIFIED MAIL  
 Return Receipt Requested  
 No. 99-333

REFUSED 11/13/99  
 1945

RECEIVED BY MAIL  
 NOV 13 1999  
 REGISTERED MAIL

Is your RT completed on 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.

3. Article Addressed to:  
 991141 ~~991141~~  
 Thomas Vincent Caranetti  
 5445 Winkler Road  
 Ft. Myers FL 33919-2647

4a. Article Number  
 99-333

4b. Service Type  
 Certified  
 Insured  
 Merchandise  
 COD

6. Signature: (Addressee or Agent)  
 X

2206

Thank you for using Return Receipt Service.

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