State of Florida Public Service Commission 8 '99 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850 3 ソ Rerurn Recipt Requested 9912 SENDER:

I also wish to receive the ■ Complete items 1 and/or 2 for additional services following services (for an Complete items 3, 4a, and 4b. ■Print your name and address on the reverse of this form so that we can return this extra fee): Attach this form to the front of the mailpiece, or on the back if space does not 1. Addressee's Address Write "Return Receipt Requested" on the mailpiece below the article number. 2. Restricted Delivery ■The Return Receipt will show to whom the article was delivered and the date Consult postmaster for fee. 4a. Article Number 3. Article Addressed to: Gerald Rote II 196 Mason Road your RETURN ADDRESS Melrose FL 32666-4346 andise COD Only if requested 6. Signature: (Addressee or Agent) X



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