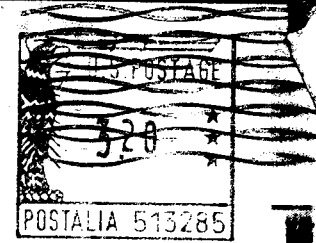
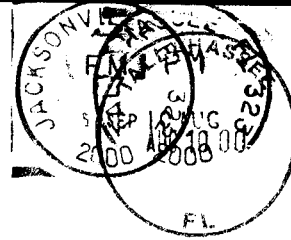


State of Florida

# Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

**RETURN RECEIPT  
REQUESTED**



**UNCLAIMED**

**CERTIFIED MAIL**  
Return Receipt Requested

No. 00-241

Florida Commercial PayFon  
5625 Verna Blvd., #9  
Jacksonville FL 32205-4418

**SECOND NOTICE**

LN  
8-17-98  
8-29-98  
9-1

32205-4418

ated 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.

3. Article Addressed to: 000739

4a. Article Number 00-242

Florida Commercial PayFon  
5625 Verna Blvd., #9  
Jacksonville FL 32205-4418

- Certified
- Insured

or Merchandise  COD

y

Address (Only if requested)

and fee is paid)

is your

6. Signature: (Addressee or Agent)

**X**

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

1444-PPA

DOCUMENT NUMBER - DATE

11093 SEP-78

FPSC-RECORDS/REPORTING

