

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 No  
 If YES, enter delivery address below:

28485 Cortez Blvd.  
 Brooksville FL 34602-6404

001001

1795

Express Mail  
 Return Receipt for Merchandise  
 P.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

7000 0600 0026 4145 5334

PS Form 3811, July 1999

Domestic Return Receipt

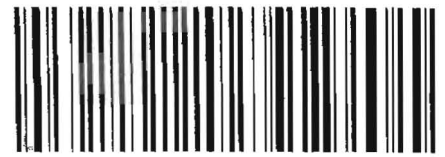
102595-99-M-1789

APP CAF CMP COM CTR ECR LEC OPC PAI RGO SEC SER OTH

**CERTIFIED MAIL**

**State of Florida  
 Public Service Commission**

2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850



7000 0600 0026 4145 5334



**REASON CHECKED**

Unclaimed

Refused

Attempted-Not known

Insufficient Address

No such street number

No such office in state

**Do not remail in this envelope**

Jeff Frisk  
 28485 Cortez Blvd.  
 Brooksville FL 34602-6404

FIRST NOTICE 10-4-TC  
 SECOND NOTICE 10-9  
 10-19



DOCUMENT NUMBER - DATE  
**13588** OCT 24 8  
 FPSC-RECORDS/REPORTING

ORIGINAL

0850/0850

