

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.

1. Article Addressed to: **000930**

Joseph Lukose
15410 S.W. 103rd Place
Miami FL 33157-1450

COMPLETE THIS SECTION ON DELIVERY

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

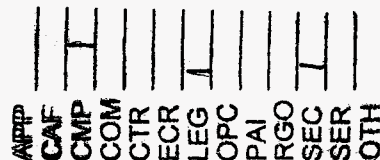
C. Signature Agent
X Addressee

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

4742

- Express Mail
- Return Receipt for Merchandise
- C.O.D.

Restricted Delivery? (Extra Fee) Yes



2. Article Number (Copy from service label)

70000600002641456126

PS Form 3811, July 1999

Domestic Return Receipt

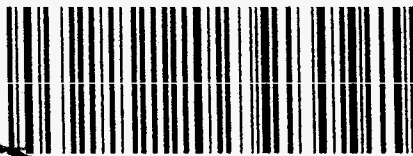
102595-99-M-1789

CERTIFIED MAIL

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

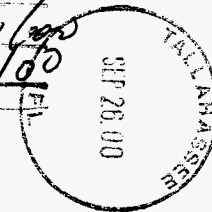


00010600 0026 4145 6126

RETURN TO SENDER
UNCLAIMED

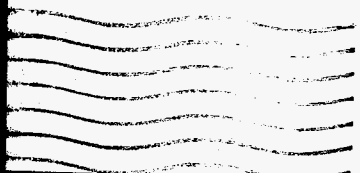
Joseph Lukose
15410 S.W. 103rd Place
Miami FL 33157-1450

NAME _____
1st Notice _____
2nd Notice **10/11/00**
Return **10/17/00**



*Notified
9-28-00*

**ORIGINAL
FILE COPY**



DOCUMENT NUMBER - DATE

13987 OCT 27 8

FPSC-RECORDS/REPORTING