

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: **000893**

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
 If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 0600 0026 4145 6607

PS Form 3811, July 1999

Domestic Return Receipt

102596-99-M-1789

Isler

APP	CAF	CMP	COM	CTR	ECR	LEG	OPC	PAI	RGO	SEC	SER	OTH
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DOCUMENT NUMBER - DATE

14232 NOV-28

FPSC-RECORDS/REPORTING

FOLD AT DOTTED LINE

CERTIFIED MAIL



7000 0600 0026 4145 6607



9/27/01

10-18
10-28



State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

000893

RETURNED TO SENDER
UNCLAIMED
JACKSONVILLE, FL 32205-3900

Farid Hawwa
[Redacted Address]

SECOND NOTICE

POSTAGE WILL BE PAID BY ADDRESSEE
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