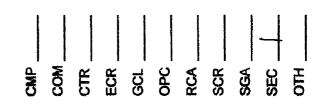
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Received by (Please Print Clearly) B. Date of Delivery
 Print your name and address on the reverse 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. 	C. Signature X Agent Addressee
1. Article Addressed to: 050639	□ D. Is delivery address different from item 1? □ Yes If YES, enter delivery address below: □ No
9720 Brechnut onte 410 Houston 75 77 36-6562	3. Service Type Certified Mail

and the second s	Houston AS TOO 3002	☐ Insured Mail ☐ C.O.D.	ot for Merchandise
State of Florida	2. Article Number (Transfer from service) 7 🗓 🗓 4 🗓 1	4. Restricted Delivery? (Extra Fee)	Yes Control of the Co
Public Service Con		estic Return Receipt	102595-01-M-1424
2540 Shumard Oak Boulev Tallahassee, Florida 32399-	ard 3 1 9 CO 4 3 BOG 5 S	<u> </u>	
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	TO THE REPORT OF THE PERSON OF		\$ 047,182004132 \$ 04,420 12/15/2005 Illed From 32399 S POSTAGE
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