

ORIGINAL

RECEIVED
07 MAY 21 AM 9:51
COMMISSION
CLERK

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:

070312-WS
Comp. man

Utilities, Inc.
c/o Utilities, Inc. of Florida
Patrick C. Flynn, Regional Director
200 Weathersfield Avenue
Altamonte Springs, Florida 32714-4027

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *[Signature]* Addressee

B. Received by (Printed Name) C. Date of Delivery
F. FLYNN *5/17/07*

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

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7006 0810 0002 3488 0692