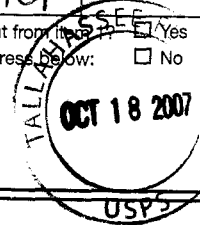


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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <i>Shari Sumner</i> C. Date of Delivery</p>
1. Article Addressed to: 070135 Florida Natural Gas Association (07) G. David Rogers, Executive Director P.O. Box 11026 Tallahassee DC 32302	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label) PSC-07-0830-AS-GV	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes



PS Form 3811, February 2004

Domestic Return Receipt

102595-02-1-1540

DOCUMENT NUMBER-DATE

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