

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: 001131

Michael Anthony Teese
P. O. Box 471
Clearwater FL 33757-0471

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

press Mail
turn Receipt for Merchandise
J.D.
Fee) Yes

APP CAF CMP COM CTR ECR LEG OPC PAI RGO SEC SER OTH

2. Article Number (Copy from service label)
7000 0600 0026 4145 4948

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

CERTIFIED MAIL



7000 0600 0026 4145 4948

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

ORIGINAL

Michael Anthony Teese
P. O. Box 471
Clearwater FL [REDACTED]

BOX CLOSED NO ORDER



Name _____
 1st Notice NOV 09 2000
 2nd Notice [REDACTED]
 Return [REDACTED]

DOCUMENT NUMBER - DATE
14928 NOV 17 8
EPC-RECORD REPORTING