

ORIGINAL

RECEIVED - 480

07 MAY 29 AM 9:29

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: 060575

Useppa Island Utility, Inc.  
P. O. Box 640  
Bokeelia FL 33922-0640

PSX-07-0443-W-WS

2. Article Number

*Transfer from service label*

7006 0810 0002 3488 0715

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*SKM*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

ESTARK

C. Date of Delivery

5-25-07

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

DOCUMENT NUMBER-DATE

04360 MAY 29 5

FPSC-COMMISSION CLERK