

ORIGINAL



qs 1-29
2-12
2-25

ACK
AFA
APP
CAF
CMU
CTR
EAG
LEG
LIR
OIR
ROI
SEC
WA

Florida Public Service Commission
Division of Records & Reporting
2540 Shufhard Oak Blvd
Tallahassee, Florida 32301



ATTEMPTED NOT KNOWN
 NO SUCH NUMBER
 INSUFFICIENT ADDRESS
 REFUSED
 NO MAIL DELIVERED
 ADDRESSEE VACANT
 NOT DELIVERABLE AS ADDRESSED/
UNABLE TO FORWARD

CERTIFIED MAIL
Return Receipt requested
No. 97-0024

~~Stephen G. Taylor
815 North Spring Street
Pensacola FL 32501-3174~~

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 * Complete items 1 and/or 2 for additional services.
 * Complete items 3, 4a, and 4b.
 * Print your name and address on the reverse of this form so that we can return this card to you.
 * Attach this form to the front of the mailpiece, or on the back if space does not permit.
 * Write "Return Receipt Requested" on the mailpiece below the article number.
 * The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to: Stephen G. Taylor
815 North Spring Street
Pensacola FL 32501-3174

4a. Article Number: 97-0024

4b. Service Type:
 Registered
 Certified
 Express Mail
 Insured
 Return Receipt for Merchandise
 COD

5. Addressee's Address (Only if requested and fee is paid):

6. Signature: (Addressee or Agent) X

7. Date of Delivery:

8. Addressee's Address (Only if requested and fee is paid):

Domestic Return Receipt

Thank you for using Return Receipt Service.

DOCUMENT NUMBER-DATE
02286 MAR-3 94
FPSC-RECORDS/REPORTING