

0727

Is your RETURN ADDRESS completed on the reverse side?	<p>INSTRUCTIONS:</p> <ul style="list-style-type: none"> • Complete items 1 and 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. 	<p>I also wish to receive the following services (for an extra fee):</p> <ol style="list-style-type: none"> <input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery <p>Consult postmaster for fee.</p>
	<p>3. Article Addressed to:</p> <p>C-W Enterprises 12 Royal Palm Way, #105 Boca Raton FL 33432-8761</p>	<p>4a. Article Number</p> <p><u>98-0032-B</u></p> <p><input type="checkbox"/> Certified <input type="checkbox"/> Insured change <input type="checkbox"/> COD</p> <p><u>5/19/87</u> s (Only if requested)</p> <p>and fee is paid)</p>
<p>6. Signature: (Addressee or Agent)</p> <p>X <u>B. Walker</u></p>		

PS Form 3811, December 1984

Domestic Return Receipt

Thank you for using Return Receipt Service.

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE

05950 JUN-28

FPSC-RECORDS/REPORTING

FLORIDA PUBLIC SERVICE COMMISSION - RECORDS AND REPORTING

Request for Information / Document / Material

Date 5 / 27 / 78
 Number of Originals 3 Copies Per Original 17
 Requested By Alvin K. Kishner, Jr.

Item Presented _____
 Agenda For (Date) _____ Order No. 77-0727 In Docket No. 980374
 Notice of _____ For (Date) _____ In Docket No. _____
 Other _____

Special Handling Instructions _____

Distribution/Mailing		Distribution/Mailing	
Number	Distributed/Mailed To	Number	Distribution/Mailed To
<u>17</u>	<u>Commission Offices</u>	<u>4</u>	<u>CERTIFIED MAIL</u>
<u>(4)</u>	<u>Docket Mailing List - Mailed</u>		
<u>(10)</u>	<u>Docket Mailing List - Faxed</u>		

Note: Items must be mailed and/or returned within one working day after issue unless specified here:

Print Shop Verification
 Job Number 203 Verified By Michael
 Date and Time Completed 5/28 Job Checked For Correctness and Quality (Initial) i

Mail Room Verification
 Date Mailed / Verified By /