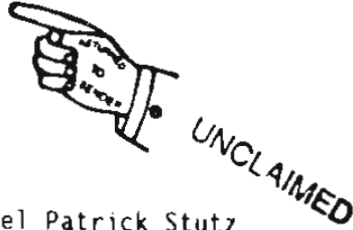


State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850



Daniel Patrick Stutz
 224 Rio Pinar Trail
 Ormond Beach, Florida 32174-3827

put 11-25
 12-2
 12-10

98-133B-98
 Dec 18

CERTIFIED MAIL
 Return Receipt Requested
 No. 133-13

981144-7

is your RETURN ADDRESS completed on the reverse side?

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: CP1144
 Daniel Patrick Stutz
 224 Rio Pinar Trail
 Ormond Beach FL 32174-3827

4a. Article Number 98-133B
 Certified
 Insured
 COD
 (Only if requested)

6. Signature: (Addressee or Agent)
 X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

ACK _____
 AFP _____
 AS _____
 CR _____
 CS _____
 CS _____
 E _____
 LE _____
 LR _____
 OR _____
 RC _____
 SEC _____
 WAS _____
 OTH _____