

State
Public Utilities Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850



CERTIFIED MAIL
 Return Receipt Requested
 No. 99-142

Martin E. Smith
 9405 North 10th Street
 Tampa FL 33612-8515

SMITH 05 336122074 1498 24 06/08/99
 FORWARD TIME EXP RTN TO SEND
 SMITH
 13306 LARAWAY DR
 RIVERVIEW FL 33569-7101

RETURN TO SENDER

33612-8513-19

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: 990518

Martin E. Smith
 9405 North 10th Street
 Tampa FL 33612-8515

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X

4a. Article Number 99-142

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

7. Date of Delivery

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

112

DOCUMENT NO.
07220-99
6-14-99

Thank you for using Return Receipt Service.

