

on the reverse side?

is your ZIP

**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:

Seth Camille Jenks Sr.  
6045 Montego Bay Loop  
Ft. Myers FL 33908-4420

991182

4a. Article Number

99-311

4b. Service Type

- Certified
- Insured
- Merchandise  COD

Address (Only if requested)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

2202-PAA

AFA  
 APP  
 CAF  
 CMU  
 CTR  
 EAG  
 LEG  
 MAS  
 OPC  
 RRR  
 SEC  
 WAW  
 OTH

DOCUMENT NUMBER-DATE

15226 DEC 13 94

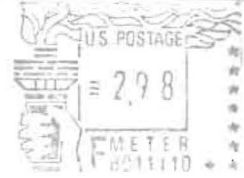
FPSC-RECORDS REPORTING

State of Florida

# Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

ORIGINAL



Seth Camille Jenks Sr.  
6046 Montego Bay Loop  
Ft. Myers FL 33908-4420

11-18  
11-27

CERTIFIED MAIL  
Return Receipt Requested  
No. 99-311

33908-4420 74

