

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

UNCLAIMED

~~James A. Schmidt
6800 N.W. 24th Terrace
Ft. Lauderdale FL 33309-1412~~

UNCLAIMED



920 / ~~JK~~
11/13 UNCLAIMED



REASON CHECKED
Unclaimed Refused
Attempted-Not known
Insufficient Address
No such street no box
No such office in state
Do not re-mail in this envelope

11-13
11-30
12-6

CERTIFIED MAIL
Return Receipt Requested
No. 99-320

POSTAGE WILL BE PAID BY ADDRESSEE
15295 DEC 14 99

Printed 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:

991163

4a. Article Number

99-320

James A. Schmidt
 6800 N.W. 24th Terrace
 Ft. Lauderdale FL 33309-1412

- Certified
- Insured
- Merchandise COD

Address (Only if requested)

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

Is your E