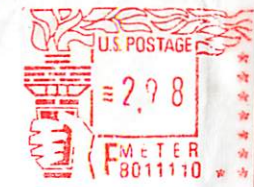


State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

ORIGINAL

LN
 12-10-99



Phillip Augustine
 4215 Robert Street
 Tequesta FL 33469-2629

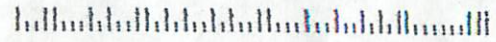
RETURNED TO SENDER

INSUFFICIENT ADDRESS
 NO SUCH NUMBER
 UNCLAIMED REFUSED
 ATTEMPTED NOT KNOWN
 NO SUCH STREET
 VACANT
 NO RECEPTACLE
 NOT DELIVERABLE AS ADDRESSED - UNABLE TO FORWARD

ROUTE NO. _____ DATE _____
 CARRIERS INITIALS _____

2nd 12/31
 Ret 1/8

CERTIFIED MAIL
 Return Receipt Requested
 No. 99-345



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.

99 1270

99-345

Certified
 Insured
 Merchandise COD

Phillip Augustine
 4215 Robert Street
 Tequesta FL 33469-2629

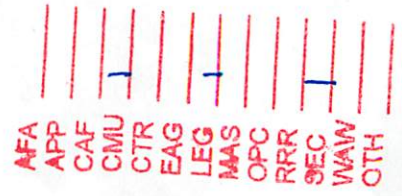
5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

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

Thank you for using Return Receipt Service.



DOCUMENT NUMBER - DATE

00556 JAN 12 8

FPSC-RECORDS/REPORTING