

FPSC-COMMISSION CLERK

09270 JUL 30

DOCUMENT NUMBER-DATE

**SENDER- COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Josiah Jones  
7159 Wilson Blvd  
Jacksonville FL

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

☐ Agent  
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

010459-7C

Express Mail  
Return Receipt for Merchandise  
C.O.D.  
(Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7000 0600 0026 4144 3041

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**CERTIFIED MAIL**

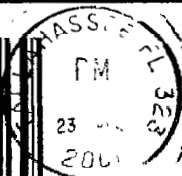
State of Florida

**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 3041



7-25-01

MLNA  
10/2/01

Josiah Jones  
7159 Wilson Blvd  
Jacksonville FL

MOVED LEFT NO ADDRESS  
JACKSONVILLE, FLA. 32210-9811

clerk

ORIGINAL