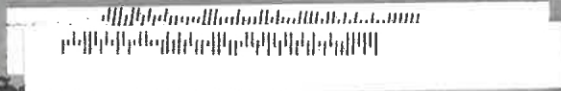


**Undeliverable mail returned from the U.S. Postal Service.
Address is consistent with the Master Commission Directory and/or the
Case Management System.**

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



DKT #: 20180000

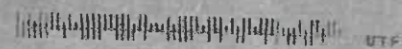
VAC

285 RETURNED TO SENDER


<input type="checkbox"/>	MOVED, LEFT NO ADDRESS	Date	_____
<input type="checkbox"/>	ATTEMPTED - NOT KNOWN	Carrier/Int	_____
<input type="checkbox"/>	UNCLAIMED	Route No.	_____
<input type="checkbox"/>	REFUSED		
<input type="checkbox"/>	NO SUCH STREET		
<input type="checkbox"/>	NO SUCH NUMBER		
<input type="checkbox"/>	INSUFFICIENT ADDRESS		
<input type="checkbox"/>	NOT DELIVERABLE AS ADDRESSED		
<input type="checkbox"/>	UNABLE TO FORWARD		

VAC

2021 SEP -3 PM 10:20
COMMISSION
EIVED-FPSC



Original Mailed to:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ 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.	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Dkt 20180000-OT DN 02994-2018	B. Received by (Printed Name)	C. Date of Delivery
MS. REBECCA W. WEST EARTHLINK BUSINESS, LLC. 2851 CHARLEVOIX DRIVE SE, STE 209 GRAND RAPIDS, MI, 49546  9590 9402 6460 0346 1571 83	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7020 2450 0001 8211 3718	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt

CONFIDENTIAL