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

DOCUMENT NUMBER-DATE
15403 DEC 17 99
FPSC-RECORDS/REPORTING

(15403-99)

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: 991261

4a. Article Number 99-385

☒ Certified
☐ Insured
☐ COD

andise

Only if requested
and fee is paid)

La Gran Union Communications Inc.
Marco A. Ruiz
4160 West 16th Avenue, Suite 201
Hialeah FL 33012-5853

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 — Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

State of Florida
Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

Return to
UNK

2411

TALLAHASSEE FLA DEC 8 '99

U.S. POSTAGE 2.98 FMETER 8011110

La Gran Union Communications Inc.
Marco A. Ruiz
4160 West 16th Avenue, Suite 201
Hialeah FL 33012-5853

RETURNED TO SENDER
☐ Forwarding Order Expired
☐ Insufficient Address
☐ Moved, Left No Address
☐ Unclaimed ☐ Refused
☒ Attempted, Not Known
☐ No Such Street
☐ No Such Number

CERTIFIED MAIL
Return Recipt Requested
No. 99-385

33012X5853 99