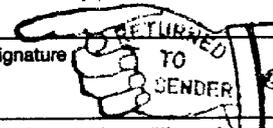


APP  
CAF  
CMP  
COM  
CTR  
ECR  
LEG  
OPC  
PAI  
RGO  
SEC  
SER  
DTH

- 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.

A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Article Addressed to: 010464

Lightening Bolt Marketing & Distributors Inc.  
Daphney Williams  
P. O. Box 490308  
Ft. Lauderdale FL 33349-0308

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

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

FPSC-COMMISSION CLERK

DOCUMENT NUMBER  
10374 AUG 22 5

7562-909

**CERTIFIED MAIL**

State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 2969



**RETURNED TO SENDER**

REASON CHECKED

Unclaimed

Attempted Not known

Insufficient Address

No such street

No such office in state

Do not re-mail in this env. (3)

Lightening Bolt Marketing & Distributors Inc.  
Daphney Williams  
P. O. Box 490308  
Ft. Lauderdale FL 33349-0308

AUG 01 2001  
AUG 06 2001

33349-0308

ORIGINAL