

ACK _____
 AF _____
 AP _____
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 CHU _____
 CTR _____
 EAG _____
 LEG _____
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 OPC _____
 RCH _____
 SEC _____
 WAS _____
 OTH _____

077

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 the 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.

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to: 981600 4a. Article Number 99-1198

SharpTel Communications
 Ryan f. Balz
 903 Millard Court West
 Daytona Beach FL 32117-4277

5 _____ and fee is paid)

6. Signature: (Addressee or Agent) _____
 X

Thank you for using Return Receipt Service.

Domestic Return Receipt

PS Form 3811, December 1994



C.F.H. 1-99

State of Florida
Public Service Commission

25401 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

SharpTel Communications
 Ryan f. Balz
 903 Millard Court West
 Daytona Beach, FL



CERTIFIED MAIL
 Return Receipt Requested
 No. 99-1198

2-1
2-6
 2-16

DOCUMENT NUMBER-DATE
02315 FEB 22 98
 FPSC-RECORDS-REPORTING