

0330

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|---|--|--|--|
| 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. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: 981674-TC | | 4a. Article Number 99-174 | |
| uest Telecommunications, Inc. ouis E. Herrera 42 Falcon Drive orest Park GA 30050 30297 | | 4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Insured <input type="checkbox"/> COD Address (Only if requested) 2-22-88 (d) | |
| 5. Signature: <i>X.D. [Signature]</i> | | Domestic Return Receipt | |

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE
02493 FEB 25 88
 FPSC-RECORDS/REPORTING

FLORIDA PUBLIC SERVICE COMMISSION - RECORDS AND REPORTING

Date 2-1-99
 Number of Originals Requested By 4 Copies Per Original 14
 Requested By [Signature]

Item Presented
 Agenda For (Date) _____ Order No. PI-0330 In Docket No. 981675
 Notice of _____ For (Date) _____ In Docket No. _____
 Other _____

Special Handling Instructions _____

| Distribution/Mailing | | | |
|----------------------|------------------------------|--------|-----------------------|
| Number | Distributed/Mailed To | Number | Distributed/Mailed To |
| <u>14</u> | Commission Offices | --- | _____ |
| <u>(1)</u> | Docket Mailing List - Mailed | _____ | _____ |
| _____ | Docket Mailing List - Faxed | _____ | _____ |

Note: Items must be mailed and/or returned within one working day after issue unless specified here:

Print Shop Verification
 Job Number 262 Verified By Michael
 Date and Time Completed 2/24 Job Checked For Correctness and Quality (Initial) U

Mail Room Verification
 Date Mailed / Verified By /