

OTH _____
 WAS _____
 SEC _____
 FCH _____
 OPC _____
 LIN _____
 LEG _____
 EAG _____
 CTR _____
 CMU _____
 CAF _____
 APP _____
 AFA _____
 ACK _____

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 981686 4a. Article Number 99-158

INFO-TEL, Inc., a Colorado Communications Comp
 Scott Caddell
 3900 South Federal Blvd.
 Sheridan CO 80110

Certified
 Insured
 Merchandise COD

Postage and Fees (Only if requested)

Signature (Addressee or Agent)
 X

PS Form 3811, December 1994 Domestic Return Receipt

0320

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

TALLAHASSEE FL 32301
 FEB 16 1999

INFO-TEL, Inc., a Colorado Communications Comp
 Scott Caddell
 3900 South Federal Blvd.
 Sheridan CO 80110

CERTIFIED MAIL
 Return Receipt Requested
 No. 99-158

INFO900 801101617 1C97 22 02/24/99
 FORWARD TIME EXP RTN TO SEND
 : INFO-TEL INC
 303 E 17TH AVE STE 500
 DENVER CO 80203-1250

FPSC-RECORDS/REPORTING
 DOCUMENT NUMBER-DATE
 02585 MAR-1 99