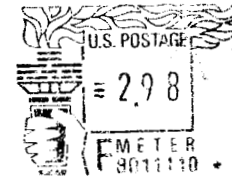


State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

ORIGINAL



Postage and Fees Paid
 Dual Communications, Inc.
 Permit No. 1234
 Tallahassee, FL 32301

69 AS 12/28

Dual Communications, Inc.
 George B. Sutcliffe
 10008 N. Dale Mabry Highway, Suite 203
 Tampa FL 33618-4424

CERTIFIED MAIL
 Return Receipt Requested
 No. 99-445



Is your RETURN ADDRESS completed on the reverse side?

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 before the article is mailed.
 ■ 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.

2481

3. Article Addressed to: Article Number 99-445

Dual Communications, Inc.
 George B. Sutcliffe
 10008 N. Dale Mabry Highway, Suite 203
 Tampa FL 33618-4424

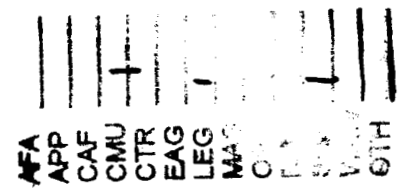
Certified
 Insured
 COD

CARROLLWOOD BRANCH - 33618-4424
 TO RETURN TO SENDER
 DO NOT REPAIR MAIL IN THIS SENDER'S OFFICE
 99-445

6. Signature: (Addressee or Agent)
 X

s (Only if requested)

Thank you for using Return Receipt Service.



DOCUMENT NUMBER - DATE

00052 JAN-38

FPSC-RECORDS/REPORTING