

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 below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

991998

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

Collins Communications Corporation
 Linda Erdmann
 5554-B N.W. Capital Circle
 Tallahassee FL 32303-7931

00-184

- Certified
- Insured
- Merchandise COD

Is your RETURN

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

102595-98-B-0229

Domestic Return Receipt

D846-PAA

AFA
 APP
 CAF
 CMU
 CTR
 EAG
 LEG
 MAS
 OPC
 RRR
 SEC
 WAW
 OTH

DOCUMENT NUMBER-DATE

05691 MAY-58

FPSC-RECORDS/REPORTING

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



Collins Communications Corporation
Linda Erdmann
5554-B N.W. Capital Circle
Tallahassee FL 32303-7931

ORIGINAL

CERTIFIED MAIL.
Return Receipt Requested
No. 00-189

COLL554 323032004 1299 08 05/01/00
FORWARD TIME EXP RTN TO SEND
: COLLINS COMMUNICATION
3332 THOMAS BUTLER RD
TALLAHASSEE FL 32308-4510

32399-0850

