SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X Agent Addressee D. Is delivery address different from item 1?	
1. Article Addressed to:	If YES, enter delivery address below:	
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Touchtel Communications Inc. Frank Starling 3016 Stanford Road Panama City FL 32405-3436 3022-F	Express Mail Return Receipt for Merchandise C.O.D. Nestricted Delivery? (Extra Fee)	
2. Article Number (Copy from service label) 7000 0600 0020 4145 540	2	<u> </u>
	teturn Receipt 102595-99-M-1789	CAF COMP COMP COMP COMP COMP COMP COMP COMP
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	CERTIFIED MAIL	
State of Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850	SEMDER/F	OR REASON SHOWN
	, 2000 0FBO 00SP A3A2 2A05	
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