

Public Service Commission

Fletcher Building, 101 East Gaines Street
Tallahassee, Florida 32399-0850

State of Florida

CERTIFIED MAIL
Return Receipt Requested
No. 96-2216

Telcom
Tower 2, Suite 111
1701 Golf Road
Rolling Meadows IL 60008

32399-0850

TEL 60008-210 1196 06/03/96

TEL 60008-210 1196 06/03/96
RETURN TO SENDER
MOVED LEFT NO ADDRESS
UNABLE TO FORWARD
RETURN IN ENVELOPE



Thank you for using Return Receipt Service

3. Article Addressed to: 960437

4a. Article Number: 96-2216

4b. Service Type
 Registered
 Certified
 Insured
 COD
 Express Mail
 Return Receipt for Merchandise

5. Signature (Addressee)
 Telcom
 Tower 2, Suite 111
 1701 Golf Road
 Rolling Meadows IL 60008

6. Signature (Agent)

7. Date of Delivery

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

9. Your RETURN ADDRESS completed on the reverse side

10. All other services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

UNDELIVERED

- Complete items 1 and/or 2 for additional services
- Complete items 3, 4a & b.
- 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.

DOCUMENT NO.
06236-96
6/10/96

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