

STATE OF FLORIDA

Commissioners:
JOE GARCIA, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
JULIA L. JOHNSON
E. LEON JACOBS, JR.



DIVISION OF RECORDS & REPORTING
BLANCA S. BAYO
DIRECTOR
(850) 413-6770

Public Service Commission

April 28, 1999

VIA CERTIFIED MAIL NO. 99-0021

R. Earl Warren, P.A.
359 West Dearborn Street
Englewood, Florida 34295-1207

**Re: Docket No. 980821-TI - Dearborn Street Station, Inc. d/b/a DSS Communications
(Confidential Filing)**

Dear Mr. Warren:

Commission staff have advised that confidential Document No. 07202-98, filed July 8, 1998 on behalf of Dearborn Street Station, Inc. d/b/a DSS Communications, can be returned to the source.

Please do not hesitate to call if you have any questions concerning this matter.

Sincerely,

A handwritten signature in cursive script that reads "Kay Flynn".

Kay Flynn, Chief
Bureau of Records

KF/abf
Enclosure
cc: Division of Audit and Financial Analysis

14753-98

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 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):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

R. Earl Warren, P.A.
 359 West Dearborn Street
 Englewood, Florida 34295-1207
 MAS 980821-T1

4a. Article Number

99-0071

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

4/20/99

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

5. Received By: (Print Name)

MARKEN P. Silberstein

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

Domestic Return Receipt