ACK
AFA
APP
CAF
CMU 1
CTR
EAG
LEG 1
LIN
OPC
RCH
SEC 1
WAS
OTH

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.

3. Article Addressed to: 990014

4a. Article Number 99-192

4b. Service Type
☐ Certified
☐ Insured
☐ COD

WATS International Corporation
12 Executive Campus, Suite 360
Cherry Hill NJ 08002-

...erchandise

...ss (Only if requested)

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994

Domestic Return Receipt

ORIGINAL

Thank you for using Return Receipt Service

State of Florida
Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

0400

FTE

RETURN TO SENDER
AFTER ADDING TIME DIRECT

CERTIFIED MAIL
Return Receipt Requested
No. 99-192

WATS International Corporation
12 Executive Campus, Suite 360
Cherry Hill NJ 08002-

Forward
Time
expired

32399-0850002

DOCUMENT NUMBER-DATE
[redacted] MAR 10 99
FPSC-RECORDS/REPORTING