

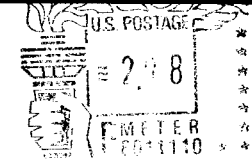
State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

ORIGINAL

Seacom
Kirt R. Foster
4928 Spyglass Drive
Panama City Beach FL 32408-6916



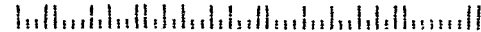
CERTIFIED MAIL

Return Receipt Requested

No. 99-302

POSTNET 524086916 1498 07 11/12/99
FORWARD TIME EXP RTN TO SEND
FOSTER, KIRT
120 E LAKESHORE DR #A
PANAMA CITY FL 32413-1745

32399-0850



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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

991135

4a. Article Number

99-302

Seacom
Kirt R. Foster
4928 Spyglass Drive
Panama City Beach FL 32408-6916

Certified

Insured

Merchandise COD

is (Only if requested)

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

2/97

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

DOCUMENT NUMBER-DATE

11-20 NOV 17 99

FPSC-RECORDS/REPORTING