

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. BAYÓ
DIRECTOR
(850) 413-6770

Public Service Commission

May 25, 1999

VIA CERTIFIED MAIL NO. 99-126

Michael McAlister, Legal Counsel
Navigator Telecommunications, LLC
212 Center Street, Suite 500
Little Rock, Arkansas 72201

Re: Docket No. 981730-TX - Navigator Telecommunications, LLC (Confidential Filing)

Dear Mr. McAlister:

Commission staff have advised that confidential Document No. 13296-98, filed November 24, 1998, on behalf of Navigator Telecommunications, LLC 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



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.

Navigator Telecommunications, LLC
 Michael McAlister, Legal Counsel
 212 Center Street, Suite 500
 Little Rock, Arkansas 72201
 MAS 981730

4a. Article Number

99-126

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

052799

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X Brandu Nagan

Thank you for using Return Receipt Service.