

Florida Public Service Commission  
 Division of Records and Reporting  
 2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850

CERTIFIED MAIL  
 Return Receipt Requested  
 No. 97-0180

NIXIE 2055 1 27 06/30/97  
 RETURN TO SENDER  
 NO SUCH NUMBER  
 UNABLE TO FORWARD

Phone Calls, Inc.  
 2200 Watson Blvd., Suite 303  
 Arlington VA 22201



RETURN TO SENDER  
 IF NO ADDRESS  
 ON RETURN RECEIPT  
 ORDER EXPIRES  
 30 DAYS AFTER  
 DATE OF MAILING

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

DOCUMENT NO.  
 09059-77  
 09/09/97

Thank you for using Return Receipt Service.

**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.

3. Article Addressed to: Phone Calls, Inc. 4a. Article Number 97-0180  
2200 Watson Blvd., Suite 303  
Arlington VA 22201

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

Certified  
 Insured  
 for Merchandise  COD

Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

Domestic Return Receipt