

State of Florida

Public Service Commission

Fletcher Building, 101 East Gaines Street
Tallahassee, Florida 32399-0850



9611217C

W.P. Telcom, Inc.
Route 2, Box 229
Clewiston FL 33440-9119

CERTIFIED MAIL
Return Receipt Requested
No. 96405



SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a, & b.
- 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:

W.P. Telcom, Inc.
Route 2, Box 229
Clewiston FL 33440-9119

5.

6. Signature (Agent)

I also wish to receive the following services (for an extra fee):

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

4a. Article Number

96405

4b. Service Type

- Registered
- Certified
- Insured
- COD
- Express Mail
- Return Receipt for Merchandise

7. Date of Delivery

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

Thank you for using Return Receipt Service.

DOCUMENT NUMBER-DATE

12882 DEC-3 89

PSC-RECORDS/REPORTING