

State of Florida

Public Service Commission

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

V R Communications, Inc.
P. O. Box 617248
Orlando FL 32861-7248



CERTIFIED MAIL
Return Receipt Requested
No. 96-0288

NAME _____
1st Notice 11/23
2nd Notice 12/5
Return 12/12

87248

Thank you for using Return Receipt Service.

SENDER:

- Complete items 1 and/or 2 for additional services: 961066
- Complete items 3, 4, and 5 & 6.
- 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:
V R Communications, Inc.
P. O. Box 617248
Orlando, FL 32861-7248

4a. Article Number: 960288

4b. Service Type:
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Sender)

PS Form 3811, December 1991 U.S. GPO: 1993-203-714

DOMESTIC RETURN RECEIPT

DOCUMENT NO.
1376296
12/27/96