

RECEIPT:
 *Complete items 1 and/or 2 for additional services.
 *Complete items 3, 4a, and 4b.
 *Put 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.

3. Article Addressed to: 481658 4a. Article Number 99-169

Advanced Communications Network, Inc.
 Tom Pratt
 616 South Dillard Street
 Winter Garden FL 34787-3903

Certified
 Insured
 handles COP
2/22/99
 (Only if requested)

5. Signature: (Addressee or Agent)
[Signature]

PS Form 3811, December 1994 Domestic Return Receipt

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- ***S _____
- OTH _____

DOCUMENT NUMBER-DATE
02402 FEB 24 99
 FPSC-RECORDS/REPORTING