

ACK _____
 AFA _____
 APP _____
 GAF _____
 CMU _____
 CTR _____
 EAG _____
 LEG _____
 LFN _____
 OPC _____
 RCH _____
 SEC _____
 WAS _____
 OTH _____

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 be sent to you when 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 _____ 4a. Article Number 99-170

Central Office Telephone Co., Inc.
 Terry L. Mendenall
 P. O. Box 22210
 Milwaukie OR 97269-2210

Certified
 Insured
 COD

(Only if requested)

Domestic Return Receipt

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

Central Office Telephone Co., Inc.
 Terry L. Mendenall
 P. O. Box 22210
 Milwaukie OR 97269-2210

CERTIFIED MAIL
 Return Receipt Requested
 No. 99-170

NOT DELIVERABLE AS A
 RETURNED TO SENDER

TALLAHASSEE FL 32309
 PM
 FEB 19 1999
 MILWAUKIE OR
 FEB 19 1999
 FLA

Box closed - No delivery

32399/0850
 97269-2210

DOCUMENT NUMBER-DATE
 02602 MAR-2 99
 FPSC-RECORDS/REPORTING