

ACK _____
 AFA _____
 APP _____
 GAF _____
 OMU _____
 CTR _____
 EAG _____
 LEG _____
 LIN _____
 OPC _____
 RCH _____
 SEC _____
 WAS _____
 OTH _____

SENDER:

Complete items 1 and/or 2 for additional services.
 Complete items 3, 4a, and 4b.
 Attach this form to the reverse of this form so that we can return this card to you.
 Attach this form to the front of the envelope, or on the back if space does not permit.
 Write "Return Receipt Requested" on the envelope before the article number.
 The Return Receipt will allow us to inform the addressee of 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: 99-175

~~Polarnet Communications Corp.
 Kenton W. Nice
 5140 West Hurley Pond Road
 Farmingdale, NY 11735~~

ORIGINAL

State of Florida

Public Service Commission

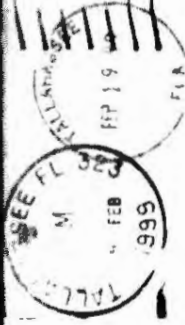
2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850



- Ind. Return Address
- Mailed, Left No Address
- Uninsured
- Restricted Delivery
- No Such Street
- No Such Number
- No Such Name
- No Such Post Office
- No Such State
- No Such Zip Code

CERTIFIED MAIL
 Return Receipt Requested
 No. 99-175

0388



Polarnet Communications Corp.

Kenton W. Nice
 5140 West Hurley Pond Road

DOCUMENT NUMBER-DATE

03122 MAR 10 8

FPSC-RECORDS/REPORTING