

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850



REASON CHECKED
 Unclaimed _____ Refused _____
 Attempted-Not known _____
 Insufficient Address _____
 No such street _____ number _____
 No such office in state _____
 Do not remain in this envelope _____

NOT DELIVERABLE AS ADDRESSED
 NO FORWARDING ORDER ON FILE

Moved Left No Forwarding Addy Int

American Teletronics Long Distance, Inc.
 Frank Aulenta
 70 West Madison, Suite 5500
 Chicago IL 60602

PO Box A3922
60602

ORIGINAL

CERTIFIED MAIL
 Return Receipt Requested
 No. 99-167

POSTAGE
 Indicate items 1 and/or 2 for additional services.
 Indicate items 3, 4, and 5.
 Write 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.
 Write Return Receipt of all items 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.

481656
 American Teletronics Long Distance, Inc.
 Frank Aulenta
 70 West Madison, Suite 5500
 Chicago IL 60602

99-167
 Certified
 Insured
 COD

5. Received By: (Print Name)
 6. Signature: (Addressee or Agent)
 X

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

Domestic Return Receipt

0321

ACK
 AFA
 APP
 CAF
 CMU
 CTR
 EAG
 LEG
 LIN
 OPC
 RCH
 SEC
 WAS
 GTH

DOCUMENT NUMBER - DATE
 0321 MAR 16 8
 FPSC-RECORDS/REPORTING