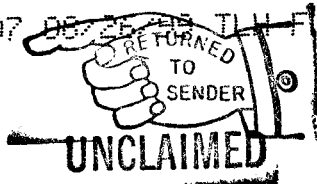


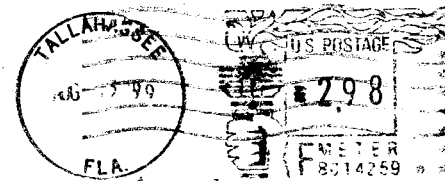
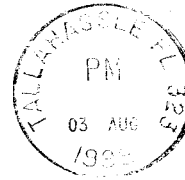
State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



32301



Manell Communications
Robert Mason
4685 S.W. 33rd Avenue
Ft. Lauderdale FL 33312-5505

Name _____
1st Notice 876
2nd Notice 2014
Return 12/1

CERTIFIED MAIL
Return Receipt Requested
No. 99-188

Completed on the reverse side?

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 show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

990863

4a. Article Number

99-188

Manell Communications
Robert Mason
4685 S.W. 33rd Avenue
Ft. Lauderdale FL 33312-5505

- Certified
- Insured
- Merchandise COD

Special Services (Only if requested)

Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

1486-F05

DOCUMENT NUMBER - DATE
10270 AUG 27 99

EPSC-RECORDS/REPORTING

AFA APP CAF CMU CTR EAG LEG MAS OPC PAI SEC WAW OTH