

STATE OF FLORIDA

Commissioners:  
JOE GARCIA, CHAIRMAN  
J. TERRY DEASON  
SUSAN F. CLARK  
JULIA L. JOHNSON  
E. LEON JACOBS, JR.



DIVISION OF RECORDS & REPORTING  
BLANCA S. BAYÓ  
DIRECTOR  
(850) 413-6770

## Public Service Commission

May 25, 1999

VIA CERTIFIED MAIL NO. 99-124

Eric Fishman, Attorney  
Fletcher, Heald & Hildreth, P.L.C.  
11th Floor, 1300 North 17th Street  
Arlington, Virginia 22209-3801

**Re: Docket No. 981045-TI - Computer Business Sciences, Inc.  
(Confidential Filing)**

Dear Mr. Fishman:

Commission staff have advised that confidential Document No. 09945-98, filed September 10, 1998, on behalf of Computer Business Sciences, Inc. can be returned to the source.

Please do not hesitate to call if you have any questions concerning this matter.

Sincerely,

A handwritten signature in cursive script that reads "Kay Flynn".

Kay Flynn, Chief  
Bureau of Records

KF/abf  
Enclosure  
cc: Division of Audit and Financial Analysis

DOCUMENT NO.

16914-99

Is your RETURN ADDRESS 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):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Fletcher, Heald & Hildreth, P.L.C.  
 Eric Fishman, Attorney  
 11th Floor, 1300 North 17th Street  
 Arlington, Virginia 22209-3801

MAS dkt 981045, 981044  
 09945-98 09944-98

4a. Article Number

99-124

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

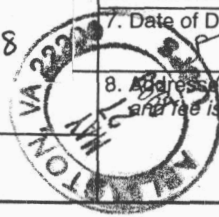
12/27/99

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

5. Received by: (Print name)

6. Signature: (Addressee or Agent)

X



Thank you for using Return Receipt Service.