

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. 99-123

Robert E. Stup, Jr.
Fleischman Law Firm
1400 16th St. NW, #600
Washington, DC 20036

Re: Docket No. 981120-TX - Facilities Communications International, Ltd. d/b/a US Telecom (Confidential Filing)

Dear Mr. Stup:

Commission staff have advised that confidential Document No. 10006-98, filed September 14, 1998, on behalf of Facilities Communications International, Ltd. d/b/a US Telecom can be returned to the source.

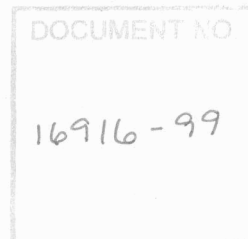
Please do not hesitate to call if you have any questions concerning this matter.

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



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:

Fleischman Law Firm
1400 - 16th Street, NW, #600
Washington, DC 20036

Cont.
MAS 981120 981119

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

E. Kitchson

4a. Article Number

99-158

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

21 June 99

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

Thank you for using Return Receipt Service.