

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

June 14, 1999

VIA CERTIFIED MAIL NO. 99-157

Kristin Larson Doyle  
Harbor Consulting Group, Inc.  
4312 92nd Avenue Northwest  
Gig Harbor, Washington 98335

**Re: Docket No. 990214-TI - U.S. Communication Services, Inc.  
(Confidential Filing)**

Dear Ms. Doyle:

Commission staff have advised that confidential Document No. 02488-99, filed February 25, 1999, on behalf of U.S. Communication Services, 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



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.

Harbor Consulting Group, Inc.  
 Kristin Larson Doyle  
 4312 92nd Avenue Northwest  
 Gig Harbor, Washington 98335  
 MAS - Docket 990214-TI

4a. Article Number

99-157

4b. Service Type

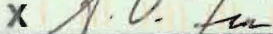
- |   |   |
|---|---|
| <input type="checkbox"/> Registered                     | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured              |
| <input type="checkbox"/> Return Receipt for Merchandise | <input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

7. Date of Delivery

5. Received By: (Print Name)

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

6. Signature: (Addressee or Agent)

X 

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.