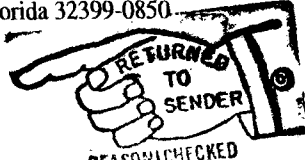


State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

ORIGINAL

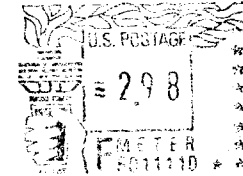


- REASON CHECKED
- Unclaimed Refused
 - Attempted - Not known
 - Insufficient Address
 - No such street number
 - No such office in area
 - Do not re-mail in this envelope

CERTIFIED
Return Receipt Requested
No. 99-431

American Teller & Communications Inc.
Robin Zimmerman
18267 N.E. 4th Court
North Miami Beach FL 33162-1011

X243



FWD. P.O. Box 60024
NMB, FL 33160

MAILED
DEC 24 1999
2nd CLASS 1430
1717

Printed 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:

991352

4a. Article Number

99-431

American Teller & Communications Inc.
Robin Zimmerman
18267 N.E. 4th Court
North Miami Beach FL 33162-1011

- Certified
- Insured

Merchandise COD

Postage (Only if requested)

Is your E

6. Signature: (Addressee or Agent)

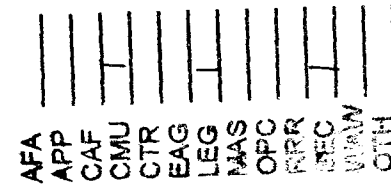
X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

00-0124



DOCUMENT NUMBER - DATE

00794 JAN 198

FPSC-RECORDS/REPORTING