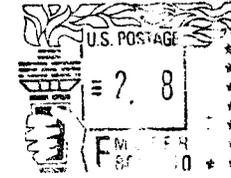


State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



ORIGINAL

ConQuest Operator Services Corp.
Mr. L. Scott Cohen
5080 Tuttle Crossing Blvd.
Dublin OH 43016

CERTIFIED MAIL
Return Receipt Requested
No. 00-022

CONQ080 430163056 1998 26 01/14/00
FORWARD TIME EXP RTN TO SEND
CONQUEST COMMUNICATIONS
PO BOX 8023
DUBLIN OH 43016-2023



Is your RETURN ADDRESS completed on 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: 991581
ConQuest Operator Services Corp.
Mr. L. Scott Cohen
5080 Tuttle Crossing Blvd.
Dublin OH 43016

4a. Article Number: 00-022
 Certified
 Insured
 COD
and fee is paid

6. Signature: (Addressee or Agent)
X

Thank you for using Return Receipt Service.

0041-PAA

AFA APP CAF CMU CTR EAG LEG MAS OPC RRR REC VAW OTH

DOCUMENT NUMBER - DATE
00755 JAN 198

FPSC-RECORDS/REPORTING