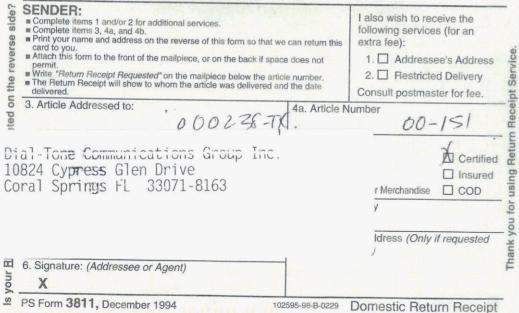
State of Florida Public Service Commission B I RETURN TO SENDER 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850 Dial-Tone Communications Group 10824 Cypress Glen Drive Coral Springs FL 33071-8163 CERTIFIED MAIL Return Recipt Requested No. 60-151 DEBRETESS. SENDER: 0668-50 I also wish to receive the ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. following services (for an ■ Print your name and address on the reverse of this form so that we can return this extra fee): ■ Attach this form to the front of the mailpiece, or on the back if space does not 1. Addressee's Address ■ 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 2. Restricted Delivery Consult postmaster for fee.



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