

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1.

Intermedia Communications, Inc.
 Scott Sapperstein, Senior Policy Counsel
 3625 Queen Palm Drive
 Tampa, Florida 33619

000890-TP
 comp.mas

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) Gilda Estrada	B. Date of Delivery 6/9/00
C. Signature <i>Gilda Estrada</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Address different from item 1? <input type="checkbox"/> Yes	
Delivery address below: <input type="checkbox"/> No	

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Copy from service label)
 00-211

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- RGO _____
- SEC
- SER _____
- OTH _____

DOCUMENT NUMBER-DATE
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 FPSC-RECORDS/REPORTING