

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. Article Addressed to:

SW Florida Audio Communication, Inc. *01132*  
 John Halstead  
 6700 Trail Blvd.  
 Naples FL 34108-2904

2. Article Number (Copy from service label)

*7000 0600 0026 4145 5822*

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 No  
 If YES, enter delivery address below:

- Express Mail
- Return Receipt for Merchandise
- C.O.D. (Extra Fee)  Yes

*1798*

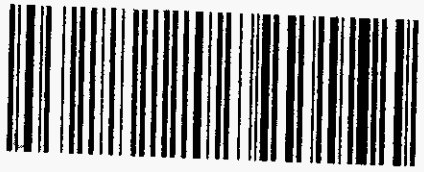
APP  
CAF  
CMP  
COM  
CTR  
ECR  
LEG  
OPC  
PAI  
RGO  
SEC  
SER  
OTH

DOCUMENT NUMBER - DATE  
**13985 OCT 27 8**  
 FPSC-RECORDS/REPORTING

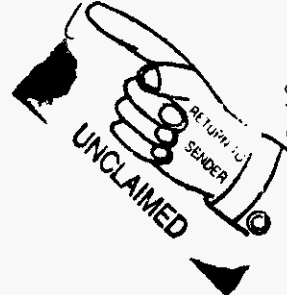
**CERTIFIED MAIL**

State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850



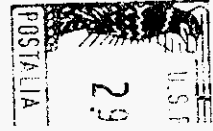
7000 0600 0026 4145 5822



SW Florida Audio Communication, Inc.  
 John Halstead  
 6700 Trail Blvd.  
 Naples FL 34108-2904

*N/L  
 0061  
 10-4-00*

Name \_\_\_\_\_  
 1st Notice \_\_\_\_\_  
 2nd Notice 10/12  
 Return 10-17



**ORIGINAL FILE COPY**

