

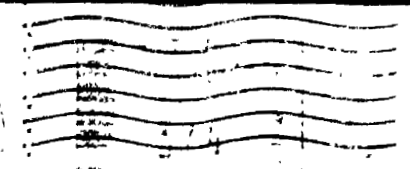
CERTIFIED MAIL

State of Florida  
Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 9111



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3/14  
RAR

Spartan Communications Corporation of North Ca  
Bernard Peacock  
Parkade Building, Suite 211  
519 North Federal Street  
Camden NJ 08103-1143

Two: 76 Brancaforte Dr  
Sicence, NC 28081  
3 21  
3 30

*[Handwritten signature]*

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature	
1 Article Addressed to:	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2 Article Number (Copy from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7000 0600 0026 4144 9111	Express Mail Return Receipt for Merchandise C.O.D. (Postage Fee) <input type="checkbox"/> Yes	

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