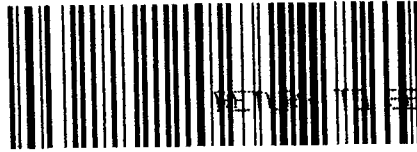


ORIGINAL

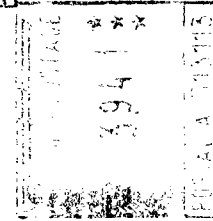
State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 5311

RETURN TO SENDER-UNABLE TO FORWARD



Convergence, Inc.
2205 North 20th Street
Tampa FL 33605-3921



CONV205 336053921 3900 40 12/15/94
FORWARD TIME EXP RTN TO SEND
: CONVERGENCE INC
PO BOX 76169
TAMPA FL 33675-1169



011225-7X

2406-PAA

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and 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.

3. Article Addressed to:

Convergence, Inc.
2205 North 20th Street
Tampa FL 33605-3921

4a. Article Number

011225

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

- Certified
- Insured

chandise COD

s (Only if requested)

and fee is paid)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

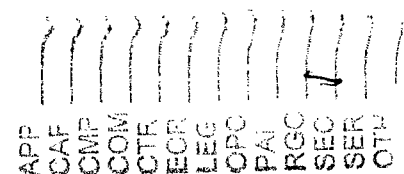
Domestic Return Receipt

Thank you for using Return Receipt Service.

DOCUMENT NUMBER - DATE

16035 DEC 24 6

FPSC-COMMISSION CLERK



APP
CAF
CMP
COM
CTE
ECR
LEG
LOPO
PAL
RGC
SEC
SER
OTF