

Florida Public Service Commission  
 Director of Records and Reporting  
 2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32307-0650

NOTIFIED  
 1-20-98  
 5149

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2304  
 27  
 F.

CERTIFIED MAIL  
 Return Receipt Requested  
 No. 98-0021



South Florida Telecom  
 12550 Biscayne Blvd., Suite 204  
 North Miami FL 33181-2536



D132

NAME \_\_\_\_\_  
 1st Notice \_\_\_\_\_  
 2nd Notice FEB 04 1998  
 Return \_\_\_\_\_

UNCLAIMED

Printed on the reverse side?

**SENDER:**  
 • Complete items 1 and/or 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.

I also wish to receive the following services (for an extra fee):  
 1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

3. Article Addressed to: 971341

4a. Article Number 98-0021

South Florida Telecom  
 12550 Biscayne Blvd., Suite 204  
 North Miami FL 33181-2536

Certified  
 Insured  
 for Merchandise  COD

Address (Only if requested)

6. Signature: (Addressee or Agent)  
 X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Services.

CMU  
 LEG  
 SEC

8/16/98  
 51580