

REVERSE:
 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.
 Check "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: 981684
 Network Access Inc.
 Jorge A. Puente-Duany
 1334 North State Road 7
 Margate FL 33063-2843

4a. Article Number 99-163

Certified
 Insured
 COD
Surf
 (Only if requested)

4b. Signature (Addressee or Agent)
X

and fee is paid)

PS Form 3811, December 1984 Domestic Return Receipt

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC _____
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE
02494 FEB 25 88
 FPSC-RECORDS/REPORTING