

ORIGINAL

RECEIVED-FPSC

05 NOV 29 AM 11:00

COMMISSION CLERK

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
1. Article Addressed to:	C. Signature	
<p style="text-align: center;">050628</p> <p>gart Network Solutions Communications Corp 100 Blue Lagoon Drive, Suite 325 Miami FL 33126-4694</p> <p style="text-align: center;">PAA</p>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number	D. Is delivery address different from item 1?	
(Transfer from service label)	If YES, enter delivery address below:	
PS Form 3811, March 2001	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee)	
102595-01-M-1424	<input type="checkbox"/> Yes	
7004 1160 0004 5750 7476		

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SGA \_\_\_\_\_
- SEC   1
- OTH \_\_\_\_\_

PSC-05-1157-PAA-TX

DOCUMENT NUMBER-DATE

11281 NOV 29 98

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