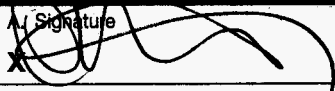
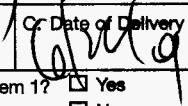


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| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  C. Date of Delivery</p> |
| 1. Article Addressed to: | D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No |

Advanced Telecom of South Florida, Inc.
P. O. Box 830968
Miami FL 33282-0968

| | |
|--|---|
| PSL-09. 0392-CO-TX 090217-TX | 3. Service Type <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. |
| 2. Article Number (Transfer from service label) | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7006 0810 0002 3487 7418 |
| PS Form 3811, February 2004 | Domestic Return Receipt 102595-02-M-1540 |

DOCUMENT NUMBER-DATE

06317 JUN 24 8

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