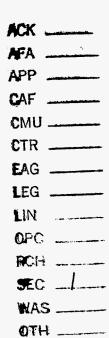
ORIGINAL

ADDRESS completed on the Myverge sid	 SENDER:[*] Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so tha return this card to you. Attach this form to the front of the mailpiece, or on the back it does not permit. Write ''Return Receipt Requested'' on the mailpiece below the article was delivered at delivered. Article Addressed to: 980520-TI Intermedia Communications, Inc. Pat Kurlin, Esquire 3625 Queen Palm Drive Tampa, Florida 33619 	f space cle number. nd the date 4a. Arti 4b. Ser Regis Certi Expro 7. Date	2. Insufficiency Consult postmaster for fee. icle Number $9B - 0115$ vice Type stered Insured fied COD ess Mail Return Receipt for Merchandise of Delivery $4117/9S$	ou for using Return Receipt Service.
RETURN	5. Signature (Agent) 6. Signature (Agent)	8. Addr and	ressee's Address (Only if requested fee is paid)	Thank y
ls your	PS Form 3811 , December 1991 stU.S. GPO: 1993-352	-714 D(DMESTIC RETURN RECEIPT	



DOCUMENT NO.	
04446-98	A DESCRIPTION OF THE OWNER OF THE
4-20-98	-