

032-1

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.

Global Access Communications, Inc.
 Herman Pieters
 8245 N.W. 36th Street
 Miami FL 33166-6613

981794

99-171

Certified
 Insured
 Merchandise COD

5. Received By: (Print Name)
 6. Addressee's Address (Only if requested and fee is paid)

7. Signature: (Addressee or Agent)
[Signature]

PS Form 3811, October 1994

Domestic Return Receipt

Is your RETURN ADDRESS enclosed on the reverse side?
 Thank you for using Return Receipt Service.



- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE
 02491 FEB 25 8
 FPSC-RECORDS/REPORTING