1518-PHA

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature
	x/5 www Addressee
Article Addressed to:	D. Is delivery address different from item 1?
Fine Fones, Inc. Harold V. Hickey	010465-TC
1570 Madru ga Avenue, Suite 209 Coral Gabl es FL 33134-3012	I Express Mail Return Receipt for Merchandise C.O.D.
	Extra Fee)
2. Article Number (Copy from service label) 7000 0600 0026 4144	3034
PS Form 3811, July 1999 Domestic Ref	turn Receipt 102595-00-M-0952

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