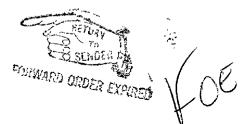
State of Florida

Public Service Commission

2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850



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InterCom Network. Inc. Airport Executive Towers I Miami 41 33 126



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

■ 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

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. A Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

4a. Article Number

xecutive Towers I 72nd Avenue Suite 455 Miami FL 3012 Miami FL 3012 Miami FL 3012

☐ Certified ☐ Insured

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COD

s (Only if requested

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6. Signature: (Addressee or Agent)

PS Form 3811, December 1994

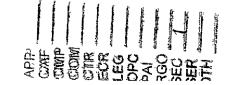
Domestic Return Receipt

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DOCUMENT NUMBER-DATE ഗ S S

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FPSC-COMMISSION OLERK



completed