SENDER: COMPLETE THIS SECTION

- 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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature

X

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

VoData Communications Group, Inc.
George C. Heyward
11633 Phillips Highway, Suite 2
Jacksonville FL 32256-1641

010417- TA

1315-PAA

☐ Express Mail
☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
7000 0600 0026 4144 3188

PS Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952

DOCUMENT NUMBER-DATE
08964 JUL 23 ≡
FPSC-COMMISSION CLERK

CERTIFIED MAIL

State of Florida
Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

7000 0600 0026 4144 3188

VoData Communications Group, Inc.
George C. Heyward
11633 Phillips Highway, Suite 2
Jacksonville FL 32256-1641

7/6/01

ORIGINAL