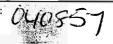
0.0 DEC 20 PH 3:

## 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.
- 1. Article Addressed to:



Astral Communications 29th Street 33122-1924

	COMPLETE THIS SECTION ON DELIVERY		
	A. F	Received by (Please Print Clearly)	B. Date of Delivery
	Ç. S	Signature	
I	X		☐ Addressee
	X D. Is	s delivery address different from item	
		s delivery address different from iten f YES, enter delivery address belov	n 1?
			n 1?

Service Type Certified Mail

☐ Express Mail

⚠ Registered ☐ Return Receipt for Merchandise

☐ Insured Mail □ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-01-M-1424

047J82004132

DOCUMENT NUMBER - DATE

0

FPSC-COMMISSION CLER

12/13/2004

Mailed From 32399

US POSTAGE

2. Article Number 7002 0860 0001 1758 5262 (Transfer from sei PS Form 3811, March 2001 Domestic Return Receipt State of Florida Public Service Commission 7002 0840 0001 1758 5262 2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850 Astral Communications 8405 N.W. 29th Street Miami FL 33122-1924

> COM CTR ECR GCL OPC MMS SCR