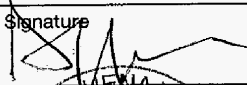
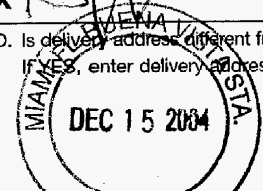


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COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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 12/15/04
1. Article Addressed to: 040846	C. Signature X 	
Public Telephone Network, Inc. 900 N. W. 54th Street Miami FL 33127-1818	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 	
2. Article Number (Transfer from ser)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
PS Form 3811, March 2001	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7002 0860 0001 1758 5187

Domestic Return Receipt 102595-01-M-1424

- CMP _____
- COM _____
- CTP _____
- ECI _____
- COL _____
- FOC _____
- IMMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE
13355 DEC 20 04
FPSC-COMMISSION CLERK