

ORIGINAL

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) Shar: A. I.	B. Date of Delivery 12/29/04
1. Article Addressed to: 040965	C. Signature X <i>[Signature]</i>	
Via One Technologies, Inc. 201 South Biscayne Blvd., Suite 2807 Miami FL 33131-4332 Co-	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	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.	
2. Article Number (Transfer from service to)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7002 0860 0001 1758 6207	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

04-1277

DOCUMENT NUMBER-DATE
00049 JAN-3 08
FPSC-COMMISSION CLERK