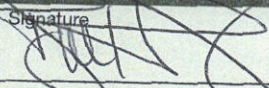


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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <b>PSC-10-0349-PAA-TI</b>	B. Received by (Printed Name)	C. Date of Delivery <b>6-7-00</b>
Soam-South American Telecom Corp. 175 N.W. 7th Street, Suite 1407 Miami FL 33130-2953	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 service label)	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, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <b>7006 2760 0003 8796 8261</b>	Domestic Return Receipt <span style="float: right;">102595-02-M-1540</span>

DOCUMENT NUMBER-DATE

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