

ACK _____
 AFA _____
 APP _____
 CAF _____
 CMU _____
 CTR _____
 EAG _____
 LEG _____
 LIN _____
 OPC _____
 RGH _____
 SEC _____
 WAS _____
 ZTH _____

Is your premium completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

081059

4a. Article Number

98-158B

Datcomm International Company LTD.
 2 South Biscayne Blvd., Suite 3390
 Miami FL 33131-1805

- Certified
- Insured

Merchandise COD

ISS (Only if requested)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850

N/A



Datcomm International Company LTD.
 2 South Biscayne Blvd., Suite 3390
 Miami FL 33131-1805

RECEIVED
 Please Return to Postmaster
 98-158B



2/21/98
 NOTICE
 DEC 20 11/5/94

33131-1805

1245 FEB-1 81