

AFA  
 App  
 CAF  
 CMJ  
 CTR  
 EAG  
 LEG  
 MAS  
 OPC  
 RRR  
 SEC  
 WAAM  
 OTH

2411

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: **991286**

4a. Article Number **99-387**

Ameriphone, Inc.  
 Edward A. Erdody  
 2500 E. Hallandale Beach Blvd.. #605-A  
 Hallandale FL 33009-4839

Certified  
 Insured  
 COD  
 Address (Only if requested)

Thank you for using Return Receipt Service.

991286

Is your name (Addressee or Agent) **X**

PS Form 3811, December 1994

Domestic Return Receipt

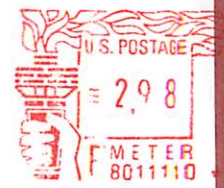
State of Florida

**Public Service Commission**

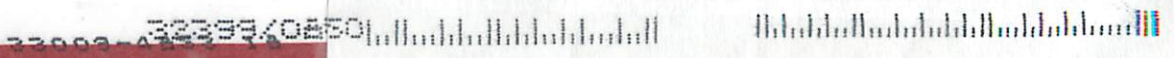
2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850

**RETURNED TO SENDER**  
**MOVED, LEFT NO ADDRESS**

Ameriphone, Inc.  
 Edward A. Erdody  
 2500 E. Hallandale Beach Blvd.. #605-A  
 Hallandale FL 33009-4839



CERTIFIED MAIL  
 Return Receipt Requested  
 No. **99-387**



FPSC-RECORDS/REPORTING  
 DOCUMENT NUMBER-DATE  
 15294 DEC 14 99