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: 991178

DPM Telecommunications, Inc.
Donald P. Manfredonia
P. O. Box 610428
North Miami FL 33261-0428

4a. Article Number 99-336

☒ Certified
☐ Insured
chandise ☐ COD

s (Only if requested

and fee is paid)

6. Signature: *(Addressee or Agent)*

X

PS Form **3811,** December 1994

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

2204-PAA

TALLAHASSEE NOV 9 '99 FLA

U.S. POSTAGE 2.98 METER

DPM Telecommunications, Inc.
Donald P. Manfredonia
P. O. Box 610428
North Miami FL 33261-0428

RETURN TO SENDER UNCLAIMED

1st NOTICE NOV 13
2nd NOTICE NOV 18
RETURNED NOV 29

REGISTERED MAIL
Return Receipt Requested
No. 99-336

15108

99

33261-0428