

**SENDER: COMPLETE THIS SECTION**

- 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.

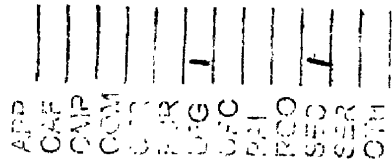
Network Access Inc.  
 Jorge A. Puente-Duany  
 1334 North State Road 7  
 Margate FL 33063-2843

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) \_\_\_\_\_ B. Date of Delivery \_\_\_\_\_

C. Signature  
 X 001231-TI  Agent  
 Addressee

D. Is delivery address different from item 1?  Yes  
 \_\_\_\_\_ address below:  No



001231-TI  
 00-2525

Express Mail  
 Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

7000 0600 0026 4144 7704

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

DOCUMENT NUMBER-DATE

00333 JAN-86

EPSC-RECORDS/REPORTING

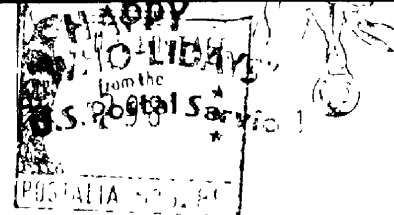
**CERTIFIED MAIL**

State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
 Tallahassee, Florida 32399-0850



7000 0600 0026 4144 7704



DELIVERED TO SENDER  
 RETURNED, LEFT NO ADDRESS

Network Access Inc.  
 Jorge A. Puente-Duany  
 1334 North State Road 7  
 Margate FL 33063-2843

*RAV*

*Foe*

