

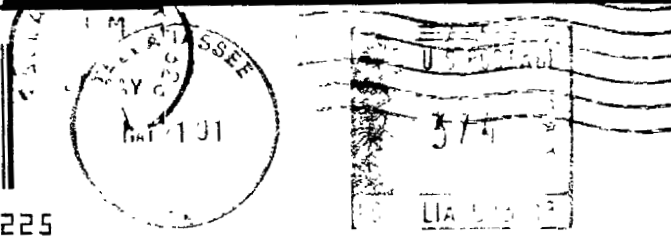
**CERTIFIED MAIL**

State of Florida  
**Public Service Commission**

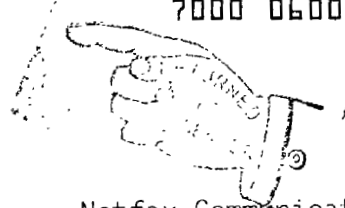
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 3225



**UNCLAIMED**

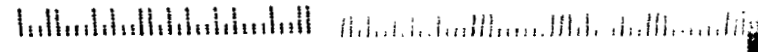


Netfax Communications, Inc.  
Mr. Michael R. Greenfield  
31 N.E. 28th St.  
Miami FL 33137

*Close  
5-23  
Red  
5-21*

*NOK  
5-24*

33137-0850 0850



ORIGI

**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.

1. Article Addressed to:

Netfax Communications, Inc.  
Mr. Michael R. Greenfield  
31 N.E. 28th St.  
Miami FL 33137

2. Article Number (Copy from service label)

7000 0600 0026 4144 3225

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

**COMPLETE THIS SECTION ON DELIVERY**

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

C. Signature

**X**

- Agent
- Addressee

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

010310

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

DOCUMENT NUMBER-DATE

07812 JUN 25 99

FPSC-RECORDS-REGISTRATION

