

ORIGINAL

010017-TI

1359-SC-TI

**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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery 6/25/01
C. Signature X <i>Wagner</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? address below:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1ST American Telecom, Inc.  
1821 NE 146th Street  
Miami FL 33181-1423

010017-TI

<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

2. Article Number (Copy from service label)

7000 0600 0026 4144 3171

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

APP \_\_\_\_\_  
 CAF \_\_\_\_\_  
 JAP \_\_\_\_\_  
 COM \_\_\_\_\_  
 JTR \_\_\_\_\_  
 CR \_\_\_\_\_  
 EG \_\_\_\_\_  
 JPC \_\_\_\_\_  
 HAI \_\_\_\_\_  
 GOO \_\_\_\_\_  
 EC \_\_\_\_\_  
 VER \_\_\_\_\_  
 OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

07951 JUN 27 01

FPSC-RECORDS/REPORTING