

APP
CAF
CMP
COM
CTR
EGR
LEG
OPC
PAI
RGO
SEC
SER
OTH

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: **010480**

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature _____
 Agent
 Addressee

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

Stellar Telecommunication, Inc.
 Jorge A. Franco
 12805 S.W. 84th Avenue Road
 Miami FL 33156-6514

Express Mail
 Return Receipt for Merchandise
 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

PS Form 3811, July 1998

Domestic Return Receipt

102595-00-M-0952

FPSC-COMMISSION CLERK

10635 AUG 27 3

DOCUMENT NUMBER-DATE

156D-PPA

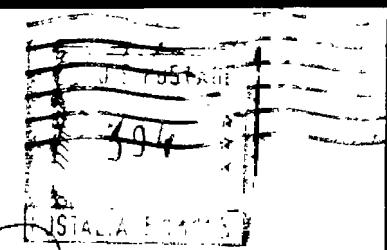
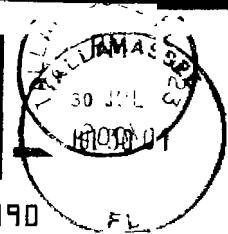
CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850



7000 0600 0026 4144 2990



Stellar Telecommunication, Inc.
 Jorge A. Franco
 12805 S.W. 84th Avenue Road
 Miami FL 33156-6514

*Not See
 8/4/01*

NAME _____
 1st Notice **AUG 10 4 2001**
 2nd Notice **8-09**
 Return **AUG 19 2001**

ORIGINAL