

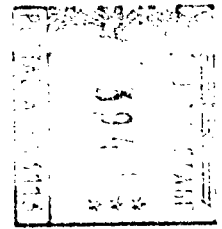
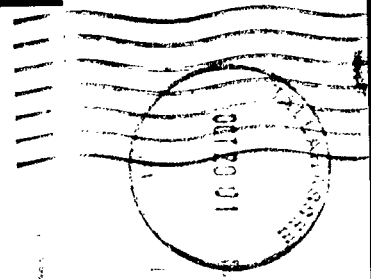
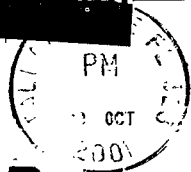
CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 5168



Hotel Communications, Inc.
Tod Collett
1327 Empire Central Drive, Suite 114
Dallas TX 75247-4018

RETURNED TO SENDER
INS ADD
ANK
NS #
FCE
RY # 4742
DATE 11-2-01

RETURN RECEIPT
REQUESTED

75247-4018

D16720-11
ORIGINAL

2024-PAA

Is your RETURN ADDRESS completed on the reverse side?

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):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

016720

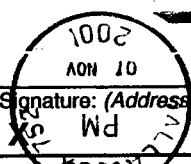
4a. Article Number

Hotel Communications, Inc.
Tod Collett
1327 Empire Central Drive, Suite 114
Dallas TX 75247-4018

- Certified
- Insured
- andise COD

Only if requested

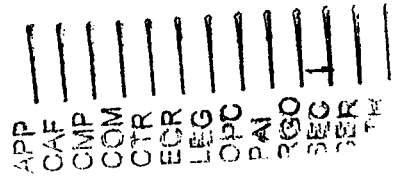
6. Signature: (Addressee or Agent)



PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.



DOCUMENT NUMBER DATE

14579 NOV 16 01

FPSC-COMMISSION CLERK