

ORIGINAL

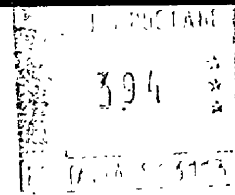
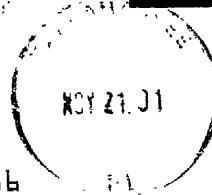
CERTIFIED MAIL

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 5786



StartComm Corp.
100 North Biscayne Blvd., Suite 2500
Miami FL 33132-2306

WRK
1/30/95



2295-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: 011044 4a. Article Number _____

StartComm Corp.
100 North Biscayne Blvd., Suite 2500
Miami FL 33132-2306

Certified
 Insured
handise COD

(Only if requested)

6. Signature: (Addressee or Agent)
X

Thank you for using Return Receipt Service.

DOCUMENT NUMBER - DATE
15353 DEC-7 01
FPSC-COMMISSION CLERK

