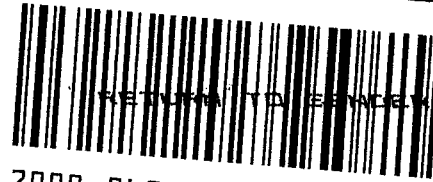


ORIGINAL

CERTIFIED MAIL

State of Florida  
Public Service Commission

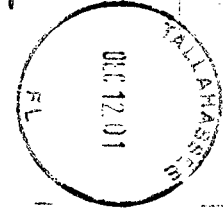
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



RETURN TO SENDER / NO SUCH NUMBER

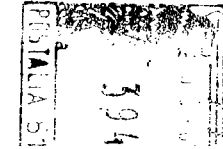
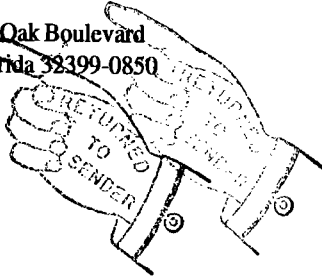
7000 0600 0026 4144 4987

*WVH  
NT 32045*



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

*2410-PA7*



*01249-7X*

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.

Thank you for using Return Receipt Service.

3. Article Addressed to:

*011249*

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**

PS Form 3811, December 1994

Domestic Return Receipt

DOCUMENT NUMBER - DATE

00209 JAN-7 02

FPSC-COMMISSION CLERK

