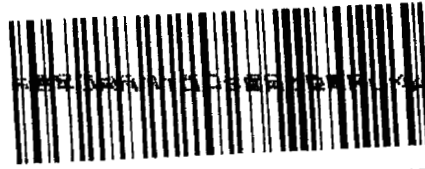


ORIGINAL

CERTIFIED MAIL

State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 5717



NOTIS  
FWD TO: 11/27  
20105 NE 39th Place  
Aventura FL 33180  
NOTIS  
2/14

Interloop, Inc.  
2514 Hollywood Blvd., Suite 404  
Hollywood, FL 33020-6634

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:

011054

4a. Article Number

Interloop, Inc.  
2514 Hollywood Blvd., Suite 404  
Hollywood FL 33020-6634

- Certified
- Insured
- or Merchandise  COD

Y

Address (Only if requested)

As your

Signature: (Addressee or Agent)

X

Domestic Return Receipt

Thank you for using Return Receipt Service.

2294-PAF

DOCUMENT NUMBER-DATE

03431 MAR 26 2002

FPSC-COMM-FIN CLERK



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