

ORIGINAL

**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: *Comp. mail*  
*020493-TP*  
 Supra Telecommunications and  
 Information Systems, Inc.  
 Brian Chaiken, Esquire  
 2620 SW 27th Avenue  
 Miami, Florida 33133

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *LSLAW* B. Date of Delivery *6/10/02*  
 C. Signature *[Signature]*  Agent  
 Addressee  
 D. Is delivery address different from item 1?  Yes  
 No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Copy from service label)

*7000 0608 0026 4144 9864*

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

AUS \_\_\_\_\_  
 CAF \_\_\_\_\_  
 CMP \_\_\_\_\_  
 COM \_\_\_\_\_  
 CTR \_\_\_\_\_  
 ECR \_\_\_\_\_  
 GCL \_\_\_\_\_  
 OPC \_\_\_\_\_  
 MMS \_\_\_\_\_  
 SEC   1    
 OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

06088 JUN 12 02

FPSC-COMMISSION CLERK