

ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ 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.	<p>A. Received by (Please Print Clearly) <u>TOPALIA</u> B. Date of Delivery <u>10/23/05</u></p> <p>C. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
1. Article Addressed to: <u>020748</u>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
Debit One Communications, Inc. 1428 Brickell Avenue, Suite 100 Miami FL 33131-3409	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label) <u>7002 0860 0001 1755 4626</u>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

PSC-02-1444-PAA-TL

AUS _____
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
GCL _____
OPC _____
MMS _____
SEC I
OTH _____

DOCUMENT NUMBER-DATE

11837 OCT 29 05

FPSC-COMMISSION CLERK