

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: 020690

Long Distance America, Inc.
9539 N.W. 28th Street
Coral Springs, FL 33065-5036

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 11/20

C. Signature David Eger Agent Addressee

X David Eger 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 (Transfer from service label) 7002 0860 0001 1755 4725

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

PSC-02-1487-PAA-TJ

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

DOCUMENT NUMBER-DATE

12095 NOV-4 88

FPSC-COMMISSION CLERK