

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.	<table border="1"><tr><td data-bbox="882 700 1218 765">A. Received by (Please Print Clearly)</td><td data-bbox="1218 700 1411 765">B. Date of Delivery 11/17/03</td></tr><tr><td colspan="2" data-bbox="882 765 1411 851">C. Signature X Laura Campanella</td></tr><tr><td colspan="2" data-bbox="882 851 1411 873"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td></tr></table>	A. Received by (Please Print Clearly)	B. Date of Delivery 11/17/03	C. Signature X Laura Campanella		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
A. Received by (Please Print Clearly)	B. Date of Delivery 11/17/03						
C. Signature X Laura Campanella							
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee							
1. Article Addressed to: 030680-TX	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No						

Fusion Telecom
Ms. Anna-Marie Galvez
1415 West Cypress Creek Road, #220
Ft. Lauderdale FL 33309-1955

<input type="checkbox"/> Express Mail
<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> C.O.D.
Extra Fee) <input type="checkbox"/> Yes

2. Article Number (Transfer from service label) 7002 0860 0001 1758 6726

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

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

DOCUMENT NUMBER-DATE
11538 NOV 17 03
FPSC-COMMISSION CLERK