18.001 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION DOCUMENT NUMBER-DATE PSC-COMMISSION CLERK JAN II S Complete items 1, 2, and 3. Also complete A. Received by (Please Print Clearly) 8. Date of Delivery ട്ട RECEIVED-FPSC item 4 if Restricted Delivery is desired. Print your name and address on the reverse AM 10: (SSION C. Signature so that we can return the card to you. □ Agent Attach this card to the back of the mailpiece. X 0380 Addressee or on the front if space permits. □ Yes D. Is delivery address different from item 1? COMMI 1. Article Addressed to: JS JAN II If YES, enter delivery address below: 1.1 1230 C MultiPhone Latin America, Inc. $\overline{}$ 2201 N.W. 102nd Place, Unit 3 Miami FL 33172-2521 3. Service Type Q5(-04-1246 K Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Deliverv? (Extra Fee) □ Yes 2. Article Number 7002 0860 0001 1758 5552 (Transfer from service lai 200413 State of Florida PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-142 ORIGINAL Public Service Commission 7002 0860 0001 1758 5 Mailed From 32399 2540 Shumard Oak Boulevard US POSTAGE Tallahassee, Florida 32399-0850 Latin America, Inc. 102nd Place, Unit 3 33172-2521 77472 COM CTR ECR GCL OPC MMS RCA SCR SEC OTH CMP