SENDER: COMPLETE THIS SEC	TION COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de Print your name and address on so that we can return the card to Attach this card to the back of the or on the front if space permits.  1. Article Addressed to:  IBGH Communications 400 Rella Blvd. Summer 1990	c. Signature  X  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below: No
E.DURES	3. Service Type  B2-Certified Mail
Article Number     (Transfer from service label)	7002 0860 0001 1755 7443
PS Form 3811, March 2001	Domestic Return Receipt 102595-01-M-1424

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CERTIFIED MAIL State of Florida Public Service Commission 2540 Shumard Oak Boulevard 7002 0860 0001 1755 7443 Tallahassee, Florida 32399-0850 IBGH Communications LLC 400 Relia Blvd Suite 140 PSC-04-1277A-CO-TI 1650 deller delle delle delle delle Malahahahahahahahahaha