

ORIGINAL

RECEIVED FPSC

05 FEB 16 AM 9: 27

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Please Print Clearly)   B. Date of Delivery  <i>Corinna McCoil</i>   <i>2/10/05</i></p>
<p>1. Article Addressed to: <i>041315</i>  <i>(PAA)</i></p> <p>D.G.A. Telecom, Inc.  250 Bird Road, Suite 200  Coral Gables FL 33146-1424</p>	<p>C. Signature  <i>X [Signature]</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>2. Article Number  (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>
	<p>7002 0860 0001 1759 8293</p>

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-1424

PSC-05-0151-PAA-TI

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SEC   1
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

01571 FEB 16 05

FPSC-COMMISSION CLERK