

ORIGINAL

RECEIVED-FPSC

03 APR 19 AM 10:51

COMMISSION
CLERK

SENDER - COMPLETE THIS SECTION		RECEIVER - COMPLETE THIS SECTION	
<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. 		<p>A. Received by (Please Print Clearly) ADA CUBIN B. Date of Delivery APR 13 2005</p> <p>C. Signature X [Signature] <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>041463</p> <p>CalCom America Corporation 100 North Biscayne Blvd., Suite 812 Miami FL 33132-2310</p> <p>CO -</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7002 0860 0001 1760 9463</p>	
PS Form 3811, March 2001		Domestic Return Receipt	
		102505-01-M-1424	

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- GPC _____
- NMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE

03772 APR 19 05

FPSC-COMMISSION CLERK