

ORIGINAL

RECEIVED-FPSC

06 JAN -9 AM 10:00

COMMISSION CLERK

050787-TI

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>	A. Received by (Please Print Clearly)	B. Date of Delivery
<p>1. Article Addressed to:  <b>PSC-05-1258      050787</b></p> <p>Skytel US, Inc.  P. O. Box 960196  Miami FL 33296-0196</p>	<p>C. Signature  <i>[Signature]</i></p> <p>D. Is delivery address different from item 1?  If YES, enter delivery address below:</p> <p><input type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><i>[Postmark: MIAMI, FL 33296, 2006, DADE BRANCH]</i></p>	
<p>2. Article Number  (Transfer from service label)</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><b>7004 1160 0004 5751 0728</b></p>	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

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

DOCUMENT NUMBER-DATE

00168 JAN-98

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