

RECEIVED-FPSC

11 JUL 26 PM 2: 33

COMMISSION
CLERK

110186 -TJ

COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Handwritten Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>Soam-South American Telecom Corp. 175 S.W. 7th Street, Suite 1407 Miami FL 33130-2953</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>PSC-11-0300-CD-TJ 110186</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 (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7009 3410 0002 4112 6464</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1840

DOCUMENT NUMBER-DATE

05177 JUL 26 =

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