State of Florida

Public Service Commission

2540 Shumard Oak Boulevard Tallahassee, Florida 32399-0850



Host Network Inc. Steve Salekfard 9401 Wilshire Blvd., Suite 501 Beverly Hills CA 90212

HOST401 902122053 1A98 09 01/18/00 FORWARD TIME EXP RTN TO SEND :HOST NETWORK INC 23852 PACIFIC COAST HWY #773 MALIBU CA 90265-4879

CERTIFIED ALVE Return Recipt Requested

No: 00-003

I also wish to receive the

following services (for an

1. Addressee's Address

☐ Certified

☐ Insured

(Only if requested

2. Restricted Delivery

Consult postmaster for fee.

Latter Later Later Land and Additional H

	_	_	_	_	-	-	
:	S	E	N	D	F	R	٠

RETURN ADDRESS completed on

OKIGINA

- Complete items 1 and/or 2 for additional services
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this
- Attach this form to the front of the mailpiece, or on the back if space does not
- permit.

 Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.
- 3. Article Addressed to:

991545

4a. Article Number

00-003

extra fee):

Host Network, Inc. Steve Salekfard 9401 Wilshire Blvd., Suite 501 Beverly Hills CA 90212

апи тее із раіи)

6. Signature: (Addressee or Agent)

PS Form **3811**, December 1994

102595-98-B-0229 Domestic Return Receipt

0037

AFA APP CAF CAF CAG CAG CAG MAS MAS STR STR STR

DOCUMENT NUMBER - DATE

PSC-RECORDS/REPORTING