

AFA
 AFP
 CAF
 CNU
 CTR
 BAG
 LEG
 MAS
 OPC
 PRP
 SEC
 WAN
 OTH

the reverse side?

SENDER:

- 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 card to you.
- 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.

991542

I also wish to receive the following services (for an extra fee):

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

World Long Distance, Inc.
 Luis Coello
 444 Brickell Avenue, Suite 820
 Miami FL 33131-2407

00-035

Certified
 Insured
 Merchandise COD

Is your RETURN

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

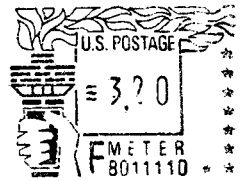
PS Form 3811, December 1994

102595-98-B-0229 Domestic Return Receipt

FPSC-RECORDS/REPORTING
 FEB-28
 DOCUMENT NUMBER-DATE

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850



RNO
 3135

RETURNED TO SENDER
 REASON CHECKED
 Unclaimed
 Addressee Not Known
 Insufficient Address
 No such street
 No such office in state
 Do not re-mail in this envelope

World Long Distance, Inc.
 Luis Coello
 444 Brickell Avenue, Suite 820
 Miami FL 33131-2407

CERTIFIED MAIL
 Return Receipt Requested
 No. 00-035

33131-2407