

TC-04-0381 2/17/04

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Intelecall Communications, Inc.
 Official Representative
 11900 Biscayne Blvd, Ste. 201
 Miami, FL 33181

2. Article Number

(Transfer from service label)

7001 1940 0002 6942 5587

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *L. G. Rosa*

Agent

Addressee

B. Received by (Printed Name)

L. G. Rosa

C. Date of Delivery

2-2004

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

MO PUBLIC SERVICE
PO BOX 100
JEFFERSON CITY, MO 64603-0100

Missouri Public
Service Commission

MAR 01 2004

FILED 2

5102/0360

