

CANCELLATION NOTICE

State of Florida, Florida Public Service Commission

2540 Shumard Road

Tallahassee, FL 30399

RE: Bond No. 3-632-478-8 Dated 8/9/99 Amount \$ 1,000.00

Principal: DSL Net Communications, LLC, 545 Long Wharf Drive, New Haven, CT. 06511

Obligee: State of Florida

Description: Security Deposit

WHEREAS, The Ohio Casualty Insurance Company (hereinafter called the Surety) executed, on the date indicated in the caption, a certain bond as described for and on behalf of the Principal and in favor of the Obligee whose names are written above, and

WHEREAS, by the terms of said bond, it is provided that the said Surety shall have the right to terminate its suretyship thereunder by serving notice of its election so to do upon the said Obligee, and

WHEREAS, the said Surety desires to take advantage of the terms of said bond as above referred to and does hereby elect to terminate its liability in accordance with the provisions thereof,

NOW, THEREFORE, you are hereby notified that The Ohio Casualty Insurance Company shall, on 8/9/00 (or) at the expiration of _____ days after the receipt of this notice (whichever is applicable) consider itself released from all liability by reason of any default committed thereafter by said Principal.

SIGNED AND SEALED May 18, 2001

APP _____
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
LEG _____
OFC _____
PAI _____
PSO _____
SEC I
SER ay. Ky
OTH _____

The Ohio Casualty Insurance Company

By Kathleen E. Nice Attorney-in-Fact
Kathleen E. Nice, Attorney-in-Fact Attorney-In-Fact

CERTIFIED MAIL 7099 3220 0004 3792 5736
 REGISTERED MAIL
RETURN RECEIPT REQUESTED XXX

S-2068 5/99

DOCUMENT NUMBER-DATE

06440 MAY 22 05

FPSC-RECORDS/REPORTING



7099 3220 0004 3792 5736

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:

*State of Florida
Public Service Comm.
2540 Shumard Rd.
Tallahassee, FL 30399*

2. Article Number (Copy from service label)

7099 3220 0004 3792 5736

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

Agent

Addressee

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



P.O. Box 1952
Voorhees, NJ 08043-9052

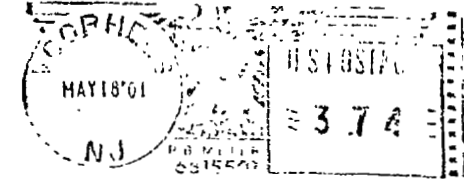


CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

State of Florida
Public Service Commission
2540 Shumard Road
Tallahassee, FL 30399

Certified Mail
Return Receipt Requested



30399+0450

