

ORIGINAL

RECEIVED-PPSC

04 DEC -3 AM 10:00

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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- 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.

A. Received by (<i>Please Print Clearly</i>)	B. Date of Delivery 12-31-04
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C. Signature X	
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1. Article Addressed to: 040854 854 <i>DM</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
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TalkingNets Holdings, LLC
 1111 Military Cutoff Road, Suite 221
 Wilmington NC 28405-3541

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (<i>Extra Fee</i>)	<input type="checkbox"/> Yes
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2. Article Number <i>(Transfer from service label)</i>	7002 0860 0001 1758 8317
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PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

PAA order PSC-04-1140-PAA-TX

DOCUMENT NUMBER-DATE

12834 DEC-3 8

PPSC-COMMISSION CLERK