

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: **080162**

NCOM Networks, LLC
Liza Gutierrez
5751 Miami Lakes Drive
Miami Lakes FL 33014

PSC-08-0359-CO-TI

2. Article Number **7006 0810 0002 3488 2412**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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.

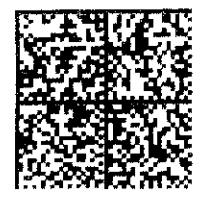
4. Restricted Delivery? (Extra Fee) Yes

Return Receipt 102585-02-M-1540

CERTIFIED MAIL™



7006 0810 0002 3488 2412



Neopost

US PO Mailed For \$05 05/30 047J8

State of Florida

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

RECEIVED PSC
08 JUN -5 AM 9:01
COMMISSION CLERK

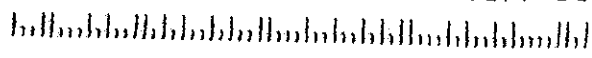
NCOM Networks, LLC
Liza Gutierrez
5751 Miami Lakes Drive
Miami Lakes FL 33014

Liza Gutierrez
080162-TI

NIXIE 330 50 1 07 06/03/08

RETURN TO SENDER
UNKNOWN REASON
UNABLE TO FORWARD

BC: 32399085099 *1487-06277-03-27



DOCUMENT NUMBER - DATE

04786 JUN -5 08

FPSC - COMMISSION CLERK