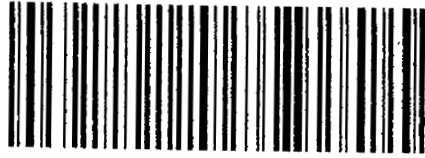


ORIGINAL

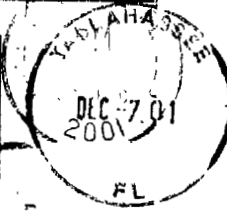
CERTIFIED MAIL

State of Florida  
**Public Service Commission**

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850



7000 0600 0026 4144 5540



SouthNet Telecomm Services, Inc.  
Mr. Dan Vanderberg  
1600 South Beacon Blvd., Suite 160  
Grand Haven MI 49417-2620

SOUT600 494179889 1800 23 12/12/01  
FORWARD TIME EXP RTN TO SEND  
SOUTHNET TELECOM  
PO BOX 1406  
TUSTIN CA 92781-1406

RETURN TO SENDER



011142-TX

2358-PAA

Is your RETURNED TO SENDER?

**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.

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SouthNet Telecomm Services, Inc.  
Mr. Dan Vanderberg  
1600 South Beacon Blvd., Suite 160  
Grand Haven MI 49417-2620

011142

4a. Article Number

7000 0600 0026 4144 5540

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

Date of Delivery

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

6. Signature: (Addressee or Agent)

X

Thank you for using Return Receipt Service.

DOCUMENT NUMBER - DATE

15708 DEC 17 01

FPSC-COMMISSION CLERK

