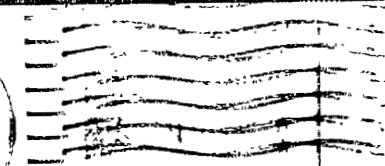


State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850



7002 0860 0001 1755 4688



Orbitel USA
 12000 Biscayne Blvd., Suite 607
 North Miami FL 33181-2703

RETURNED TO SENDER
MOVER, LEFT NO ADDRESS

MLWA
 RT 8160
 #2

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:
 020753

Orbitel USA
 12000 Biscayne Blvd., Suite 607
 North Miami FL 33181-2703

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature
 Agent
 Addressee

D. Is delivery address different from item 1?
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7002 0860 0001 1755 4688

DOCUMENT NUMBER - DATE
 12477 NOV 14 2001
 FPSC-COURTESY-POST CLERK

ADP
 CAP
 CMP
 CCM
 CTR
 ECR
 GCL
 OPC
 MMS
 SEC
 OTH