

ORIGINAL

COMPLETE THIS SECTION ON DELIVERY

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

C. Signature X Agent Addressee

D. Is delivery address different from item 1? Yes No
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 No

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: 040933
Moving Bytes, Inc.
5858 Horton Street, Suite 101
Emeryville CA 94608-2007

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

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

040933-71
PSC-04-1198-PAA-TL



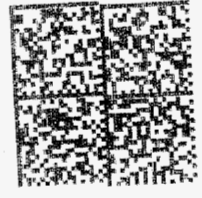
7002 0860 0001 1758 2360

Moving Bytes, Inc.
5858 Horton Street, Suite 101
Emeryville CA 94608-2007

MOVI858 946082034 1204 08 12/09/04
NOTIFY SENDER OF NEW ADDRESS
:MOVING BYTES INC
4340 REDWOOD HWY #F222
SAN RAFAEL CA 94903-2121



REASON CHECKED
Returned
Attempted
Insufficient Address
No Such Street
No Such Number
Deliver to Office in Street



047J82004132
\$04.65
12/03/2004
Mailed From 32399
US POSTAGE
12/23/03

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-40424

2. Article Number (Transfer from service label)
7002 0860 0001 1758 2360

DOCUMENT NUMBER-DATE
00086 JAN -3 8
FPSC-COMMISSION CLERK