

ORIGINAL

RECEIVED-FPSC

JAN 17 AM 10:08

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:	C. Signature	
<p>PSC-05-1258 050742</p> <p>Saluda Networks Incorporated 782 N.W. 42nd Avenue, Suite 210 Miami FL 33126-5546</p> <p>PAA</p>	<p>X <i>[Signature]</i></p> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Transfer from service label)	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No</p> <p>COMMISSIONER'S OFFICE JAN 11 2006 MIAMI, FL 33134</p>	
	<p>3. Service Type</p> <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.	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
	<p>7004 1160 0004 5751 0476</p>	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SGA \_\_\_\_\_
- SEC   1
- OTH \_\_\_\_\_

PSC-05-1258-PAA-TZ

DOCUMENT NUMBER-DATE

00393 JAN 17 08

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