

ORIGINAL

RECEIVED 10 FEB 10 PM 11:05  
COMMISSION CLERK

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:  
050709  
DSL Telecom, Inc.  
7775 S.W. 87th Avenue, #110  
Miami FL 33176-2536

PS-06-0051-00-TI

2. Article Number  
(Transfer from service label)  
7004 1160 0004 5751 1701

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  
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

State of Florida

PS Form 3811, March 2001

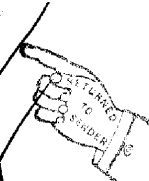
Domestic Return Receipt

102595-01-M-1424

Public Service Commission

2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

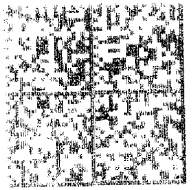
7004 1160 0004 5751 1701  
MAILED TO FORWARD

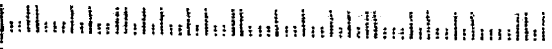
POST OFFICE TO SENDER  
  
 [Handwritten initials]

~~DSL Telecom, Inc.  
7775 S.W. 87th Avenue, #110  
Miami FL 33176-2536~~

UNDELIVERABLE  
AS ADDRESSEE,  
FORWARDED TO  
ORDER EXPIRED

34736700402  
\$04.64  
01-20-2006  
Mailed From: 32399  
US POSTAGE



32399/0850  


CMP  
COM  
CTR  
ECR  
GCL  
OPC  
RCA  
SCR  
SGA  
SEC  
OTH

DOCUMENT NUMBER: 01184  
 01184 FEB 10 08  
 FPSC-COMMISSION CLERK