

ORIGINAL

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> 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. 	COMPLETE THIS SECTION ON DELIVERY A. Received by (Please Print Clearly) _____ B. Date of Delivery _____ <hr/> C. Signature _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <hr/> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
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1. Article Addressed to: 050742

Saluda Networks Incorporated
 782 N.W. 42nd Avenue, Suite 210
 Miami FL 33126-5546

PG-06-0051-CO-TI

2. Article Number 7004 1160 0004 5751 1596
 (Transfer from service)

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

DOCUMENT NUMBER - DATE

01456 FEB 20 98

FPSC-COMMISSION CLERK

PS Form 3811, March 2001

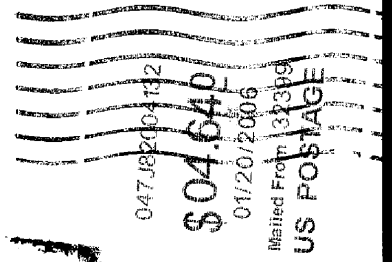
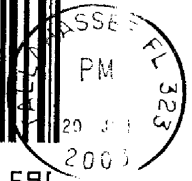
CERTIFIED MAIL™

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850

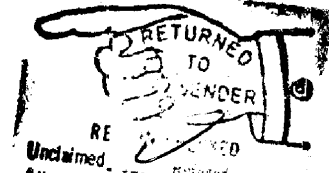


7004 1160 0004 5751 1596



NAME R
1st Notice 1/27
2nd Notice _____
Return _____

Saluda Networks Incorporated
782 N.W. 42nd Avenue, Suite 210
Miami FL 33126-5546



Unclaimed _____
Attempted - R.K. known _____
Insufficient Address _____
No such street _____
number _____

No such office or address
NOTIFY SENDER OF NEW ADDRESS
SALUDA NETWORKS
PO BOX 141858
CORAL GABLES FL 33114-1858

32399-0850

IP
IM
R
JR
CL
PC
CA
CR
IGA
REC
JTH