

RECEIVED-EPSC

06 AUG 14 PM 1:31

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: 060462

DSL Telecom, Inc.
2128 West Flagler Street, Suite 300
Miami, FL 33135-1619

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

PSC-06-0611-PAA-TX

2. Article Number (Transfer from service label) 7004 1160 0004 5751 2760

ORIGINAL

State of Florida

PS Form 3811, February 2004

Domestic Return Receipt

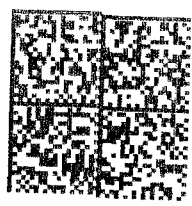
102595-02-M-1540

Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7004 1160 0004 5751 2760



DSL Telecom, Inc.
2128 West Flagler Street, Suite 300
Miami, FL 33135-1619

NAME MA
 1st Notice 7/2/06
 2nd Notice JUL 31 2006
 Return AUG 19 2006



US POSTAGE
 Mailed From: 32399
 07/20/2006
 \$04.640
 047J82004132

CMP
 COM
 CTR
 ECR
 GCI
 OPC
 RCA
 SCR
 VGS
 SEC
 OTH

DOCUMENT NUMBER - DATE

07254 AUG 14 8

EPSC-COMMISSION CLERK