

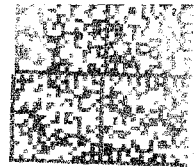
RECEIVED 0600
 00 SEP 25 AM 11:19
 COMMISSION
 CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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. 	A. Signature X <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: 060462	B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number: 7005 1160 0003 8789 5147 (Transfer from service label)	3. Service Type <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.
Oronoco Networks, Inc. P. O. Box 140866 Coral Gables, FL 33114-0866	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PSC-06-0705-C6-TX
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
 Tallahassee, Florida 32399-0850
 REASON CHECKED
 Refused
 Attempted-Not known
 Insufficient Address
 No such street number
 No such office in state
 No net retail in this state
 Oronoco Networks, Inc.
 P. O. Box 140866
 Coral Gables, FL 33114-0866



98782004130
\$04.640
 08/15/2006
 Mailed From 32399
 US POSTAGE

DOCUMENT NUMBER DATE
 08830 SEP 25 08
 FPSC-COMMISSION CLERK

ORIGINAL

CMP
 COM
 CTR
 ECR
 GCL
 OPC
 RCA
 SCR
 SGA
 SEC
 OTH