

ORIGINAL

RECEIVED 4:30

06 SEP 25 AM 11:19

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: 060466-71  
 Oronoco Networks, Inc.  
 P. O. Box 140866  
 Coral Gables, FL 33114-0866

COMPLETE THIS SECTION ON DELIVERY

A. Signature  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-06 501-0-71

2. Article Number (Transfer from service label) 7005 1160 0003 8789 6618

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



047167004132  
 \$04.640  
 09/16/2006  
 Model Form 32389  
 US POSTAGE

7005 1160 0003 8789 6618  
 Oronoco Networks, Inc.  
 P. O. Box 140866  
 Coral Gables, FL 33114-0866

NAME R  
 1st Notice 8/17  
 2nd Notice \_\_\_\_\_  
 Return \_\_\_\_\_

OTL  
 SEC  
 SGA  
 SCR  
 RCA  
 OPC  
 GCL  
 ECR  
 CTR  
 COM  
 CMP

DOCUMENT NUMBER-DATE  
 08835 SEP 25 06  
 FPSC-COMMISSION CLERK