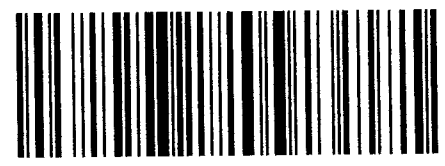


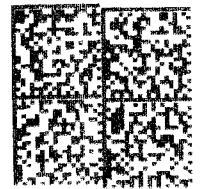
CERTIFIED MAIL™

State of Florida
Public Service Commission

2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0850



7006 2760 0003 8797 6136



RETURNED TO SENDER

REASON CHECKED

Unclaimed Refused

Attempted-Not known

Insufficient Address

No such street number

No such office in state

Do not re-mail in this envelope

~~Skytel US, Inc.
P. O. Box 960196
Miami FL 33296-0196~~

1st Notice 10-04
2nd Notice 10-10
Return 10-19

US POSTAGE

Mailed From 32399
10/02/2007

\$05.21

047J82004132

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. 	<p>A. Signature <input type="checkbox"/> Agent X <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to: 070469</p> <p>Skytel US, Inc. P. O. Box 960196 Miami FL 33296-0196</p> <p>PSC-07-0799-CO-TI</p> <p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7006 2760 0003 8797 6136</p>	

070469-TI

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