DOCUMENT NUMBER-DATE

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 	A. Received by (Please Print Clearly) B. Date of Delivery			
Print your name and address on the reverse so that we can return the card to you.	C. Signature			
Attach this card to the back of the mailpiece,	X □ Agent □ Addressee			
or on the front if space permits.	D. Is delivery address different from item 1? Yes			
1. Article Addressed to: 020645	If YES, enter delivery address below: ☐ No			
UKI Communications, Inc.				

Mr. Joe Vitale
100 North Biscayne Blvd., Suite 400
Miami FL 33132-2344

| 3. Service Type
| Certified Mail | Express Mail | Registered | Return Receipt for Merchandise | Insured Mail | C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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PAA Order NO.PSC - DY-0676-PAA-TI

