OTH

C DEC -7 AM 10: 21

OMMISSION CLERK

	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	02 C - C - C - C - C - C - C - C - C - C
	 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: 050518 U.S. Paytel Optima, L.L.C. Mr. Ed Otto P. O. Box 24370 Omaha NE 68124-0370	D. Is delivery address different from item 1?	
,	2. Article Number 7ПП4 1.1.	☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yellow ☐ Ye	
State of Florida Service Con Shumard Oak Bouley hassee, Florida 32399-0	PS Form 3811, March 2001 Domestic R	eturn Receipt 102595	01-M-1424
11-18	U.S. Paytel Optim Mr. Ed Otto P. O. Box 24370 Omania NE 68124-0		047J82004132 \$ 04.420 11/07/205 Mailed From 32399 US POSTAGE

COM

CTR

ECR

SC C

9

Š

88

86A SEC

