DOCUMENT NUMBER-DATE

	A		
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. Attach this card to the back of the mailpiece, or on the front if space permits. 	C. Signature X		
1. Article Addressed to: 050761	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No		
Empire Technology, Inc. 1987 N.W. 148th Street North Miami FL 33181-1136			
DSC-06-0051-W-TI	3. Service Type Certified Mail Registered Return Receipt for Merchandise		

			Restricted I	Delivery? (Extra Fee)	☐ Yes	The second secon
2. Article (Transfe	Number er from service label)	7004 1160	0004	5751 1725		
State of Florida PS Form	3811, March 2001	Domestic Return	Receipt		102595-01-M-1424	
Public Service Commiss	sion			2)	Charles and the same of the sa	О <u>— О</u> — — — — — — — — — — — — — — — — — —
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