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COMMISSION CLERK

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION OF, DELIVERY
 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. 	A. Signature X B. Received by (Printed Name) Date of Delivery
1. Article Addressed to: 070529	D. Is delivery address different from 12 Yes If YES, enter delivery address below: RED No
VoiceGlobal, Inc. 1111 Brickell Avenue, Suite 1100 Miami FL 33131-3122	
	3. Service Type
	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D.
PSC-07-0666-PAA-TI	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7004 2740	0003 8797 5047

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540