RECEIVED-FPSC 07 SEP 24 AH 10: 06 COMMISSION CLERK

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON 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 D'Addressee B. Received by (Printed Name) CODAte of Delivery |
| 1. Article Addressed to: 070 48 Le | D. Is delivery address different com item 12. Yes If YES, enter delivery address well and No |
| CrossFone 9800 N.W. 41st Street, Suite 200 Miami FL 33178-2979 | |
| MIGINI FL 33170-2373 | rice Type Certified Mail Registered Receipt for Merchandise Insured Mail C.O.D. |
| PSC-07-0738-CO-TT | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number 7006 2760 0003 8797 5771 (Transfer from service label) | |
| PS Form 3811, February 2004 Domestic Re | oturn Receipt 102595-02-M-1540 |

DOCUMENT NUMBER - DATE

08700 SEP 24 8