

RECEIVED-FPSC  
07 OCT 22 AM 10:11

COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature <input type="checkbox"/> Agent <i>Sara Meza</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>SARA MEZA</i></p>
1. Article Addressed to: <b>070560</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
Virtual Reach Corporation Bobby Story 3275 West Hillsboro Boulevard, #300 Deerfield Beach FL 33442	
<b>PSC-07-0808-PAA-TI</b>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label) <b>7006 0810 0002 3488 2184</b>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

DOCUMENT NUMBER - DATE  
**09586 OCT 22 6**  
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