

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 B. Received by (Printed Name) D. Is delivery address different from its	Agent Addressee C. Date of Delivery
1. Article Addressed to: TYBE COMMUNICA 33 S.W. 8th Street	TIONS INC.	If YES, enter delivery address bek	
Homestead FL 33030-7234		3. Service Type 2. Certified Maif	lail celpt for Merchandise
PSC-08-0577-CO-TI		4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number (Transfer from service label)	7006 2760	P878 7P78 E000	
PS Form 3811, February 2004 Domestic Return Receipt			102595-02-M-1540

DOCUMENT NUMBER-DATE

08794 SEP 18 8

FPSC-COMMISSION CLERK