

RECEIVED-FPSC

09 JUN -8 AM 10: 33

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Communication Technology, Inc.
Joe B. Maggio Building
4040 Sheridan Street
Hollywood FL 33021-3536

PSC 09-0392-CD-TX 090200-TX

2. Article Number
(Transfer from service label)

7006 0810 0002 3487 7128

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
x AM Spoto Addressee
- B. Received by (Printed Name) C. Date of Delivery
AM SPOTO
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
- Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

DOCUMENT NUMBER-DATE

05731 JUN-8 8

FPSC-COMMISSION CLERK