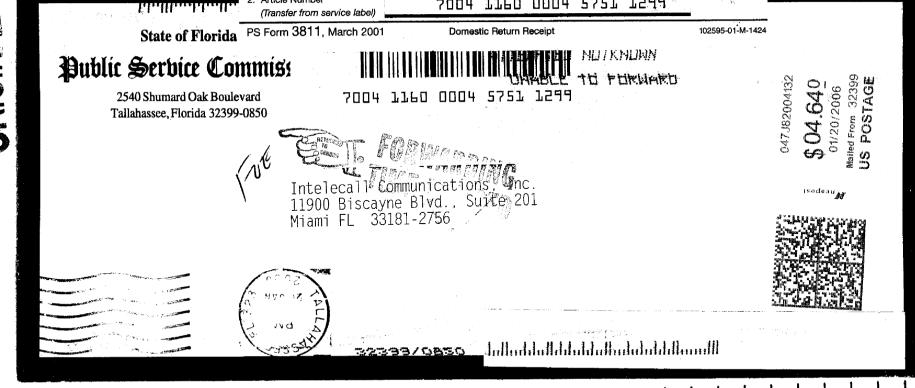
BOCUMENT NUMBER-DATE

SMR-3 PM 3: 47 COMMISSION CLERK		SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVER	RY
		<ul> <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>	A. Received by (Please Print Clearly) B.	Date of Delivery
			C. Signature	☐ Agent ☐ Addressee
	-	Article Addressed to:	D. Is delivery address different from item 17 If YES, enter delivery address below:	Yes No
		Intelecall Communication 11900 Biscayne Blvd., Solution of the Miami FL 33181-2756	Suite 201  Jervice Type  Cortified Mail  Registered  Insured Mail  C.O.D.	for Merchandise
	Kladuan ktada.	2. Article Number (Transfer from service label)		
	State of Florida	PS Form 3811, March 2001 Do	Omestic Return Receipt	102595-01-M-1424



COM COM CTR GCL GCL SCR SCR SCR SCR OTH COTH