ORIGINAL

RECEIVED-FPSC

06 JUL 31 AM 10: 52

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, 	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature
or on the front if space permits.	X Lauruna Addressee
1. Article Addressed to: 060467	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Azul Tel, Inc. 2200 South Dixie Highway, Suite Miami FL 33133-2300	
	3. Service Type
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
PSC-06-0616-PAA-TX	4. Restricted Delivery? (Extra Fee)
2. Article Number	1160 0004 5751 3552
PS Form 3811, March 2001 Domestic Re	eturn Receipt 102595-01-M-1424

СОМ	
CTR	
ECR	
GCL	
OPC	
RCA	
SCR	
SGA	
SEC	<u> </u>

отн ____

CMP _____

DOCUMENT NUMBER - DATE

06801 JUL318