BOCUMENT NUMBER-DATE

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 Agent Addressee B. Received by (Printed Name) C. Date of Delivery		
1. Article Addressed to: 060466	D. Is delivery address different from item 1?		
ITS Network Services Inc. 575 East Locust Avenue, Suite Fresno CA 93720-2928	e 201		

3. Service Type

19 Certified Mail

Registered

Receipt for Merchandise

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