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		COMMISSION
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	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY		ATE
OS AUG 16 PM 2: 22 COMMISSION CLERK	 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	☐ Agent☐ Addressee		NUMBER-DATE
		B. Received by (Printed Name)	C. Date of Delivery		
	1. Article Addressed to: 060466 VOIP Corp	D. Is delivery address different from ite If YES, enter delivery address belo			PODUMENT
	5644 Revelwood Loop Winter Park FL 32792-9306	3. Service Type Certified Mail Registered Insured Mail C.O.D.	ail eipt for Merchandise		
	15C-06-065- AA-TI	4. Restricted Delivery? (Extra Fee)	☐ Yes		
CALAL ARTHUR	2. Article Number (Transfer from service labe 7004 116	0 0004 5750 9944			
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Public Service Co 2540 Shumard Oak Boul					
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