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 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
1. Article Addressed to: 060470-TX	D. is delivery address different from item 1? If YES, enter delivery address below: No
Intelligent Switching and Software, LLC 1020 [®] N.W. 163rd Drive Miami, FL 33169-5818	
	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
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PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540

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