ORIGINAL

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--------------------------|--|----------------------------------|
| Complete items 1, 2, and 3. Also of item 4 if Restricted Delivery is desired. Print your name and address on the so that we can return the card to yellow Attach this card to the back of the or on the front if space permits. | red. e reverse ou. | Welissalissier | Agent Addressee Date of Delivery |
| Article Addressed to: | | D. Is delivery address different from item 1 If YES, enter delivery address below: | ? |
| AirTIME Technologies, 6415 Lake Worth Road, Lake Worth FL 33463-2 | Suite 201 | | |
| 070352-TX PSC-67-0548-PAA= | ΤX | 3. Service Type Certified Mail Registered Return Receipt Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) | t for Merchandise |
| Article Number (Transfer from service label) | 7005 311 | 0 0002 8806 7352 | |
| PS Form 3811, February 2004 | Domestic Ret | urn Receipt | 102595-02-M-1540 |

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