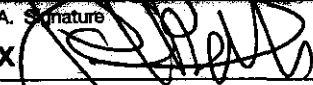
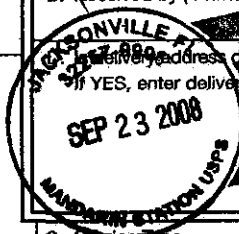


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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION TO RECEIVE	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 030441	B. Received by (Printed Name)	C. Date of Delivery 9/23/08
Sun-Tel USA, Inc. 10169 Foxcroft Road, West Jacksonville FL 32257-5963	<input type="checkbox"/> If address different from item 1 <input type="checkbox"/> If YES, enter delivery address below: <input type="checkbox"/> No	
PSC-08-0563-PAA-TX	3. Service type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7006 2760 0003 8797 7645	



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