## ORIGINAL

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) B. Date of Delivery C. Signature X A Addressee D. Is delivery address different from item 1? Yes
مادىمەرە Article Addressed to: Universal Wireless	If YES, enter delivery address below:  D No
100 South Congress Avenue	
Delray Beach FL 33445-4642 L	3. Service Type
	Certified Mail     Express Mail     Registered     Return Receipt for Merchandise
	□ Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7000 0600 00 (Transfer from service label)	26 4144 4802
PS Form 3811, March 2001 Domestic Ret	turn Receipt 102595-01-M-14

PSC-02-1337-PAA-TX

AUS \_\_\_\_ CAF \_\_\_\_ CMP \_\_\_\_ COM \_\_\_\_ CTR \_\_\_\_ ECR GCL OPC \_\_\_\_\_ MMS \_\_\_\_\_ SEC \_\_\_\_\_ OTH \_\_\_\_\_

DOCUMENT WUMBER DATE

FPSC-COMMISSION CLERK