## ORIGINAL

| 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)  C. Signature  X  Agent  Addressee  D. Is delivery address different from item 1? |
| Article Addressed to:  | If YES, enter delivery address below:  |
| 046986-TI  |  |
| NAIC Telecommunications<br>20401 N.W. 2nd Avenue, Suite 205.<br>Miami FL 33169-2545  | 3. Service Type Certified Mail   |
| 1222-CO-TT   | Insured Mail   |
| 121700 11  | 4. Restricted Delivery? (Extra Fee) ☐ Yes  |
| 2. Article Number (Transfer from service labe 7002 08  | 60 0001 1758 631(s)  |
| PS Form 3811, March 2001 Domestic Ret  | urn Receipt 102595-01-M-1424   |

| COM |              |
|-----|--------------|
| CTR | ************ |
| ECR | ****         |
| GCL |              |
| OPC |              |
| MMS |              |
| RCA |              |
| SCR |              |
| SEC |              |
| OTH |              |

CMP \_\_\_\_

DOCUMENT NUMBER-DATE
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