MAY 27 PM 12: 20 COMMISSION

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Received by (Please Print Clearly) B. Date of Delivery ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse C. Signature so that we can return the card to you. □ Agent ■ Attach this card to the back of the mailpiece, X ☐ Addressee or on the front if space permits. Yes D. Is delivery address different from item 1? 1. Article Addressed to: ☐ No If YES, enter delivery address below: 050181 Tiburon Telecom, Inc. 1630-C Old Bainbridge Road Tallahassee FL 32303-5335

3. Service Type Certified Mail

Express Mail

CTR ECR GCL OPC

RCA SCR

SEC

COM

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	75 AVM 98	4. Restricted Delivery? (Extra Fee)	☐ Yes
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