	SCHOOL COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVER	PY	i .	
	 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. 	C. Signature	Date of Delivery Agent Addressee	-	NUMBER-DATE O AUG-4 55
	1. Article Addressed to: O So (F1 Tiburon Telecom, Inc. 1630-C Old Bainbridge Road Tallahassee FL 32303-5335	D. Is delivery address different from item 17 If YES, enter delivery address below: 3. Service Type	Yes No	-	0.7530
	B -	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee)	for Merchandise		· .
State of Florida	DO E 0014 A	860 0001 1760 9838	102595-01-M-1424	Name of the state	Sections of the section of the secti
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