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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. Signal Land Agent  X GARLE Addressee  D. Is delivery address different from term of Description (Please Print Clearly)
1. Article Addressed to: 050680 PSC-05-1235	If YES, enter delivery address below:
Saluda Networks Incorporated 782 N.W. 42nd Avenue, Suite 210 Miami FL 33126-5546	JAN 1 1 2006
	3. Service Type  Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7 1 4 1	1160 0004 5750 6974
PS Form 3811, March 2001 Domestic Re	turn Receipt 102596-01-M-1424

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