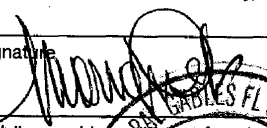


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COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to: <p style="text-align: center; font-size: 1.5em;">050682</p> <p>Tuda Networks Incorporated 2 N.W. 42nd Avenue, Suite 210 Miami FL 33126-5546</p> <p style="font-size: 1.2em; font-weight: bold;">RSC-05-1235A-CO-TX</p>	C. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; text-align: center;"> <p>USPS JAN 11 2006 MIAMI FL 33126</p> </div>
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7004 1160 0004 5751 0223		

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 RCA _____
 SCR _____
 SGA _____
 SEC 1 _____
 OTH _____

DOCUMENT NUMBER-DATE

00389 JAN 17 8

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