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<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. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <p style="text-align: center;">060466</p> <p style="text-align: center;">INVOIP LLC #165 Miramar Commons 11020 Pembroke Road Miramar FL 33025-1704</p> <p style="text-align: center;">PSC-06-6615-PAA-TI</p>	B. Received by (Printed Name) C. Date of Delivery <p style="text-align: center;">Robert Miller 7/27/6</p> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
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 5750 8992	

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