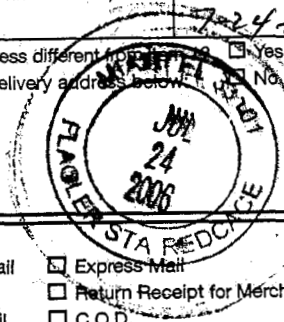


ORIGINAL

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06 JUL 27 PM 12:38

COMMISSION CLERK

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |
|--|---|
| <ul style="list-style-type: none"> <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. Signature <input type="checkbox"/> Agent<br><input checked="" type="checkbox"/> Addressee  |
| 1. Article Addressed to:<br><br><p style="text-align: center;">060466</p>  | B. Received by (Printed Name) C. Date of Delivery<br><p style="text-align: right;">7-24-06</p>  |
| TeleHispanic Services, Inc.<br>100 S.E. 2nd Street, Suite 2900<br>Miami FL 33131-2119  | D. Is delivery address different from addressee's address?<br>If YES, enter delivery address below. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>                     |
| PSC-06-0615 PAA-TI   | i. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |
| 2. Article Number<br>(Transfer from service label)   | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |
| 7004 1160 0004 5750 9913   |   |

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SGA \_\_\_\_\_
- SEC   /
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE  
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