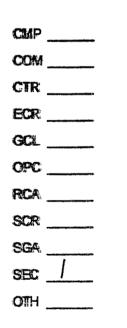
ORIGINAL

RECEIVED-FPSC

06 AUG 21 AMII: 17

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 Agent A. Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery D. is delivery address different from item 1? Yes
1. Article Addressed to: NTERA, Inc. 1020 N. W. 163rd Drive Mitami, FL 33169-5818	If YES, enter delivery address below:
	3. Service Type Certified Mail Registered Insured Mail C.O.D.
PSC-06-0696-CO-TI	4. Restricted Delivery? (Extra Fee)
2. Article Number. 700 (Transfer from service label)	15 1160 0003 8789 5246
PS Form 3811, February 2004 Domes	tic Return Receipt 102595-02-M-1540



p...

(

07553 AUG 21 8

FPSC-COMMISSION CLERK