


ORIGINAL

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COMMISSION
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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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> 	
<p>1. Article Addressed to: <u>060462</u></p> <p>Universal Telephone 1585 South Congress Avenue Delray Beach, FL 33445-6325</p>	<p>B. Received by (<i>Printed Name</i>)</p>	<p>C. Date of Delivery</p>
<p>2. Article Number (<i>Transfer from service label</i>)</p> <p><u>PSC-06-0705-LO-TX</u></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><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.</p>	
<p>PS Form 3811, February 2004</p>	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p> <p><u>7005 1160 0003 8789 5727</u></p> <p>Domestic Return Receipt</p>	

CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
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 SEC 1 _____
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