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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 	A. Signature Agent Addressee
 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. 	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
DLOYGG BluLines Telecom, LLC 12794 West Dixie Highway	
North Miami FL 33161-4806	3. Service Type Certified Mail
PSC-06-065-PAA-TI	4. Restricted Delivery? (Extra Fee) ☐ Yes

State of Florida PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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