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 X _____ ☐ Agent ☐ Addressee
	B. Received by (Printed Name) C. Date of Delivery IRYNA TYSHCHUK
1. Article Addressed to: 070050	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
NETECOM, Inc. Mr. Nima Alizadeh 16200 Ventura Blvd, Suite 300 Encino CA 91436	
	3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
PSC-07-0825-AS-TI	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7006 0810 0002 3488 2191	

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