080066-TX

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3, A4 item 4 if Restricted Delivery is</li> <li>Print your name and address of so that we can return the card</li> <li>Attach this card to the back of or on the front if space permits</li> <li>1. Article Addressed to:</li> <li>Synergy Networks, Inc. 10970 South Cleveland</li> </ul>	desired. on the reverse to you. the mailpiece, s. <b>080000</b> Avenue, #406	A. Signature X B. Received by (Printed Name) C. Is delivery address different from item If YES, enter delivery address below:	$ \begin{array}{c} \square \text{ Agent} \\ \square \text{ Addressee} \\ \hline \text{ Date of Delivery} \\ \hline S - 12 \\ \hline 1? \square \text{ Yes} \\ \square \text{ No} \\ \end{array} $
Ft. Myers FL 33907-23		Service Type Certified Mail Registered Insured Mail Sc.O.D.	t for Merchandise
2. Article Number (Transfer from service label)	7006 081	0 0002 3488 2382	
PS Form 3811, February 2004	Domestic Re	turn Receipt	102595-02-M-1540

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