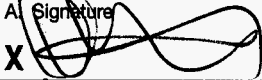


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09 MAY 14 AM 9:45

COMMISSION
CLERK

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.	A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: DG-TEC, LLC 7925 N.W. 12th Street, Suite 325 Miami FL 33126-1846	B. Received by (<i>Printed Name</i>) Mando Barrios	C. Date of Delivery 5-11-09
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
3. Service Type	<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.	
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes	

PSC-09-0298-PAA-TX 090208-TX

7006 0810 0002 3487 6046

PS Form 3811, February 2004

Domestic Return Receipt

102595-08-M-1540

DOCUMENT NUMBER-DATE

04653 MAY 14 8

FPSC-COMMISSION CLERK