| 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 B. Received by (Printed Name) C. Date of Delivery Addressee C. Date of Delivery MAY V 6 2010 D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: |
| Direct Connek Ms. Piece-Mary Martin 8362 Pieces Blvd., #151 | |
| Pembroke Pines FL 33024-6600 | 3. Service Type Certified Mail Registered Insured Mail C.O.D. |
| 100061-T1 PSC-10-0277-CO-T1 | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number (Transfer from service label) 7006 2761 | 0 0003 8796 8155 |
| PS Form 3811, February 2004 Domestic Ret | turn Receipt 102595-02-M-1540 |

DOCUMENT NUMBER-DATE