

RECEIVED - PSC

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COMMISSIONER
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100222-TX

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> [Signature] <input type="checkbox"/> Addressee	
1. Article Addressed to: Lleida.Net USA, Inc. 1680 Michigan Avenue, Suite 914 Miami Beach FL 33139-2550	B. Received by (Printed Name) FCO SARDENA	C. Date of Delivery 6-19
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 type="checkbox"/> No	
100222-TX PSC-10-0369-CO-TX	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.	
7006 2760 0003 8796 8698	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DATE
JUN 21 2004
PSC-COMMISSIONER CLERK