

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de</li> <li>Print your name and address on so that we can return the card to</li> <li>Attach this card to the back of the or on the front if space permits.</li> </ul>	esired. the reverse you.	A. Signature  X  B. Received by (Printed Name)	Agent Addressee C. Date of Delivery
Article Addressed to:		D. Is delivery address different from item 1? Yes If YES, enter delivery address below:	
AKS Communications, Inc. 1422 S. E. 17th Street Ft. Lauderdale FL 33316-1710		2	
		3. Service Type  S-Certified Mail	Mail ceceipt for Merchandise
100286-TC PSC-10-04	41.CO-TC	4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number     (Transfer from service label)	7010 0780	0002 2867 6877	•
PS Form 3811, February 2004	Domestic Ref	urn Recelpt	102595-02-M-1540

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