


110114-TX

<p>SENDER INFORMATION</p> <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. 	<p>RECIPIENT INFORMATION</p> <p>A. Signature <input type="checkbox"/> Agent </p> <p>B. Received by (Printed Name) <input type="checkbox"/> Address N. PEREZ</p> <p>C. Date of Delivery 6/11/11</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>QuikVoip, LLC 8567 Coral Way, #163 Miami FL 33155-2335</p> <p>110114 PSC-11-0248-CD-TX man</p>	<p>3. Service Type</p> <p><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"/> G.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7009 3410 0002 4112 5665</p>	

DOCUMENT NUMBER-DATE
04069 JUN 14 =