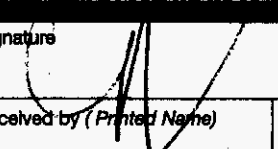


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SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X </p> <p>B. Received by (Printed Name) C. Date of Delivery 6-20</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Dinamica Telecom, Inc. 3389 Sheridan Street, #109 Hollywood FL 33021-3606</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> <hr/> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>110190-T1, PSC-11-0260-PAA T1 (20)</p> <p style="text-align: center;">7009 3410 0002 4112 6129</p>

DOCUMENT NUMBER-DATE
04408 JUN 27 =
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