
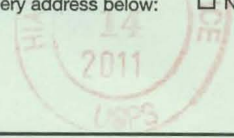


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| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|---|---|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 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. | A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Address <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Luxa Telecom, Inc. 1020 East 14th Street Hialeah FL 33010-3312</p> </div> | B. Received by (<i>Printed Name</i>) <i>Maria Espinoza</i> | C. Date of Delivery <i>7-14-11</i> |
| 2. Article Number <i>PSC-11-0299-CO-TT 110169 mal</i> <i>(Transfer from service label)</i> | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  | |
| PS Form 3811, February 2004 | 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. | 4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes |
| 7009 3410 0002 4112 6341 | | |
| Domestic Return Receipt | | |
| 102595-02-M-1540 | | |

DOCUMENT NUMBER-DATE

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