

RECEIVED-FPSC

11 JUL 18 PM 3:38

COMMISSION
CLERK

COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIV.	
<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 checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Address	
1. Article Addressed to: <p>Dial World Network, Inc. 11767 South Dixie Highway, Suite 303 Miami, Florida 33157-4438</p>	B. Received by (Printed Name) <i>AMAN</i>	C. Date of Del. <i>7-15</i>
2. Article Number (Transfer from service label) <i>PSC-11-030-00-TT 110189</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merch <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7009 3410 0002 4112 6495 Domestic Return Receipt 102505-02		

DOCUMENT NUMBER-DATE

04945 JUL 18 =

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