

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 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 X Multiple Automotion B. Received by (Printed Name)	$ \begin{array}{c} \Box \text{ Agent} \\ \Box \text{ Addressee} \\ \hline C. \text{ Date of Delivery} \\ \hline C - \int & - & \gamma \end{array} $
1. Article Addressed to: 070451	D. Is delivery address different from item 1?	
Touch-Tel USA, LLC 5444 Westheimer Road, Suite 1535 Houston TX 77056-5395		
	Ice Type Certified Mail Express Mai Registered Return Rece Insured Mail C.O.D.	l ipt for Merchandise
756-07-0799.CO-TI	4. Restricted Delivery? (Extra Fee)	Ves
2. Article Number 7006 2760 0003 8797 6082 (Transfer from service label)		
PS Form 3811, February 2004 Domestic Ret	urn Receipt	102595-02-M-1540

DOCUMENT NUMBER-DATE 09267 OCT 10 5 5PSC-COMMISSION CLERK