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COMMISSION CLERK

07 0543-TI -PM

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 ✓ Agent ✓ Addressee
	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to: 070544	D. Is delivery address different from item 1?
Latin Node, Inc. 9800 N.W. 41st Street, Suite 200 Miami FL 33178-2979	
	3. Service Type
	☐ Ceftified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ C.O.D.
PSC-07-0666-PAA-TI	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7006 2760 0003 8797 5146	
PS Form 3811 February 2004 Domestic Ret	turn Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE

07628 AUG 27 5