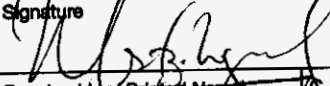


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COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X </p> <p>B. Received by <u>Printed Name</u> C. Date of Delivery <u>6/23/10</u></p>
<p>1. Article Addressed to:</p> <p>International Network Solutions, LLC 225 West Stone Avenue Greenville SC 29609-5434</p> <p>DW</p> <p>110103-T1 PSE-11-0260-PAA-T1</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> <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>7009 3410 0002 4112 6044</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-00-1040</p>

DOCUMENT NUMBER-DATE

04406 JUN 27 =

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