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COMMISSION CLERK

Service LR: 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 Addressee B. Flecelved by Printed Name) C. Date of Delivery A. Holan Symmetry D. Is delivery address different from item 17 Yes If YES, enter delivery address below:
Legacy Long Distance International, Inc. Mr. Rafael Quinto 10833 Valley View Street, Suite 150 Cypress CA 90630-5040	3. Service Type Certified Mail
PSC-11-0299-CO-TT 110157 max	4. Restricted Delivery? (Extra Fee)
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