DOCUMENT NUMBER-DATE

B. Date of Delivery

☐ Agent

☐ Yes

□ No

☐ Addressee

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION O4 DEC 13 PM 1:21 A. Received by (Please Print Clearly) ■ Complete items 1, 2, and 3, Also complete COMMISSION CLERK item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse C. Signature 25C-04-1198-PAAso that we can return the card to you. ■ Attach this card to the back of the mailpiece, X or on the front if space permits. D. Is delivery address different from item 1? 040964 1. Article Addressed to: If YES, enter delivery address below: Innovative Communication Solutions, Inc. 9835 S.W. 72nd Street, Suite 208 Miami FL 33173-4647 ayrice Type Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ Registered ☐ Insured Mail □ C.O.D.

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