

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse □ ,Addregsee so that we can return the card to you. Date of Delivery Attach this card to the back of the mailpiece, 0566 OLT ALIG 18 or on the front if space permits. Article Addressed to ☐ Yes D. Is delivery address different from item 1? If YES, enter delivery address below: ☐ No NET ONE INTERNATIONAL, INC. SAMAR CHARANI 1969 S ALAFAYA TRAIL, STE 324 ORLANDO FL 32828 Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery 9590 9402 2329 6225 7400 77 Certified Mail® Return Receipt for Merchandise ☐ Certified Mall Restricted Delivery 1601 Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Signature Confirmation™ 2. Article Number (Transfer from service label) Signature Confirmation Restricted Delivery 7016 2140 0001 0285 8555 ☐ Insured Mail Restricted Delivery (over \$500) Domestic Return Receipt PS Form 3811, July 2015 PSN 7530-02-000-9053 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse so that we can return the card to you. ☐ Addressee B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to if YES, enter delivery address below: **ENCOMPASS COMMUNICATIONS, LLC** LARRY LUNA 119 W TYLER ST, STE 286 LONGVIEW TX 75601 Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Registered Ma. ☐ Registered Mail Restricted Delivery 9590 9402 2329 6225 7400 46 Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Signature Confirmation™ □ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail 2. Article Number (Transfer from service label) Signature Confirmation 7016 2140 0001 0285 8524 ☐ Insured Mall Restricted Delivery Restricted Delivery (over \$500) PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. Date of Delivery ved by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: D. Is delivery address different from item 1? If YES, enter delivery address below: □ No NET ONE箋的TERNATIONAL, INC. WALID QUTTAINEH 1969 S. ALAFAYA TRAIL, SUITE 324 ORLANDO FL 32828

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2. Article Number (Transfer from service label)

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Domestic Return Receipt

Restricted Delivery

☐ Priority Mail Express®
☐ Registered Mail™

C Return Receipt for Merchandise

Registered Mail Restricted Delivery

Signature Confirmation™

Signature Confirmation

☐ Insured Mail Restricted Delivery (over \$500)

Service Type

☐ Adult Signature Restricted Delivery

☐ Collect on Delivery Restricted Delivery

Certified Mall®

Adult Signature

☐ Collect on Delivery

☐ Insured Mail

COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Signature ■ Complete items 1, 2, and 3. Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: NECC TERESOM, INC. SUSAN CCCKERHAM 1725 W劉DWARD CONCOURSE, SUITE 150 ALPHARETTA GA 30005 Service Type ☐ Priority Mall Express® ☐ Adult Signature □ Registered Mail Registered Mall Restricted Delivery ☐ Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise 9590 9403 0762 5196 5213 91 16-01 □ Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Signature Confirmation Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery 7016 2140 0001 0285 752, PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature ■ Complete items 1, 2, and 3. ☐ Agent ■ Print your name and address on the reverse ☐ Addressee so that we can return the card to you. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. DATIS TE 1. Article Addressed to: If YES, enter delivery address below: INNOWATTS, LLC SIDD@ARTHA SACHDEVA 601 SAWYER STREET, STE 205 **HOUSTON TX 77007** 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mall® ☐ Registered Mail ☐ Registered Mail Restricted Delivery ☐ Return Receipt for 9590 9402 1901 6104 7607 53 16-01 ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Signature Confirmation ☐ Insured Mall ☐ Insured Mall Restricted Delivery Restricted Delivery 7016 2140 0001 0285 8487 (over \$500)

Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9053