SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTIO	N 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. 	B. Received by Pantea N D. Is delivery address differ	990 6/8/9 ent from item 1?	
Reliant Communications, Inc. Robert Sorrentino, President	If YES, enter delivery ac	dress below: 🔲 No	
801 International Pkwy, 5 th Floor Lake Mary, FL 32746		Express Mail Return Receipt for Merchandise	
		D.O.D.	
2. A ()	☐ Insured Mail ☐ (C.O.D. Yes	
2. A (/) PS f		D.O.D.	
<u></u>		C.O.D. Yes	