TRANSMISSION VERIFICATION REPORT

TIME : 01/25/2010 13:06
NAME : CITYWAPD
FAX : 5089613855
TEL : 5089918113
SER.# : 000D6J444672

DATE,TIME	01/25 13:06
FAX NO./NAME	1516
DURATION	00:00:30
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM