

TRANSMISSION VERIFICATION REPORT

TIME : 02/24/2026 12:43PM  
NAME :  
FAX :  
SER.# : U66395H4H480697

DATE, TIME	02/24 12:43PM
FAX NO./NAME	0668972999
DURATION	00:00:48
PAGE(S)	01
RESULT	OK*
MODE	PHOTO ECM

\* : COLOR FAX NOT AVAILABLE