TRANSMISSION VERIFICATION REPORT

TIME : 01/26/2026 11:19
NAME :
FAX :
TEL :
SER.# : U63274K4F274197

| | |
|---|---|
| DATE,TIME | 01/26 11:19 |
| FAX NO./NAME | 17604101696 |
| DURATION | 00:00:18 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

Test