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\*\*\* ERROR TX REPORT \*\*\*  
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INCOMPLETE TRANSMISSION

|                    |             |      |
|--------------------|-------------|------|
| TX/RX NO.          | .0012       |      |
| DESTINATION NUMBER |             |      |
| DESTINATION ID     |             |      |
| ST. TIME           | 01/01 03:25 |      |
| COMMUNICATION TIME | 00'00       |      |
| PAGES SENT         | 0           |      |
| RESULT             | NG          | #005 |

TEST