

TRANSMISSION VERIFICATION REPORT

TIME : 08/29/2024 12:51PM
NAME :
FAX :
TEL :
SER.# : 065529D2N612462

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

08/29 12:49PM
15058418636
00:02:13
16
OK
STANDARD
ECM