

# ORIGINAL

Read on the reverse side?

**INSTRUCTIONS:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requester" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 771011

4a. Article Number 97-

The Phone Company  
 6805 Route 202  
 New Hope PA 18938

Certified  
 Insured  
 Merchandise  COD

76 12-22  
 (Date Only if required)

Thank you for using Return Receipt Service.

is your /

6. Signature: [Signature]

PS Form 3811, December 1984

Domestic Return Receipt

- ACK \_\_\_\_\_
- AFA \_\_\_\_\_
- APP \_\_\_\_\_
- CAF \_\_\_\_\_
- CMU 1 \_\_\_\_\_
- CTR \_\_\_\_\_
- EAG \_\_\_\_\_
- LEG 1 \_\_\_\_\_
- LIN \_\_\_\_\_
- OPC \_\_\_\_\_
- RCH \_\_\_\_\_
- SEC 1 \_\_\_\_\_
- WAS \_\_\_\_\_
- OTH 0 \_\_\_\_\_

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 FEDERAL COMMUNICATIONS COMMISSION