ORIGINAL

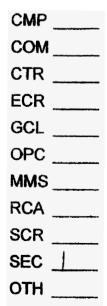
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COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery	
1. Article Addressed to: 040969	D. Is delivery address different from item 1? Ves If YES, enter delivery address below: No	
Metro Teleconnect Companies, Inc 2150 Herr Street Harrisburg PA 17103-1625	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.	
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